

ALCOHOL ABUSE PREVENTION IN THE NAVY AND MARINE CORPS:
A PRACTICAL APPROACH TO ALCOHOL ABUSE
PREVENTION IN THE SEA SERVICES

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Abstract

Alcohol Abuse Prevention in the Navy and Marine Corps: A Practical Approach to Alcohol Abuse Prevention in the Sea Services

by

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This project faces the problem of alcohol abuse in the sea services and offers suggestions to prevent the abuse of alcohol. Alcohol is glamorized by the media and imbedded in cultural traditions; young people in the sea services come from this society. The ease by which alcohol is abused can be further exacerbated in the military. Coming from home, many young single men and women are free for the first time in their lives to drink as much alcohol as they choose. The drug alcohol is available everywhere and part of many military traditions. Leadership is burdened with the double responsibility of dealing with alcohol abuse in the lower ranks and providing role models. There are programs in place in the sea services that address and treat alcohol abuse problems. This project attempts to offer suggestions that will enhance existing programs, and hopefully prevent some alcohol abuse problems from occurring.

Chapter 2 clarifies the ethical necessity to do more about the abuse of alcohol in the sea services. Specifically addressed are three short term measures: (1) policies affecting the physical, economic and social availability of alcohol, (2) formal social controls on alcohol-related behavior, and (3) environmental safety

measures. The final three chapters propose long-term systemic alcohol abuse prevention measures: (1) How family systems impact on alcohol abuse problems. (2) How leadership plays an integral part in shaping alcohol use and abuse in the military. (3) Awareness of how death--the result of alcohol abuse--is denied in our culture, thus making the abuse of alcohol, in many circumstances, socially acceptable.

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CHAPTER 1

Introduction

Navy Chaplains serve in the United States Navy, Marine Corps, Coast Guard, and Merchant Marines; these are called the sea services. The men and women who serve in the sea services are some of the finest men and women in America. Personnel in the sea services are not the only people who are susceptible to alcohol abuse. The culture from which sea service personnel come largely sets the stage for alcohol abuse. Programs are now in place that are making great strides in the area of alcohol rehabilitation. In an attempt to limit alcohol abuse problems before they begin, this project contributes alcohol abuse prevention guidelines for the sea services.

Problem Addressed

This project faces the problem of alcohol abuse in the sea services.

Importance of the Problem

Alcohol abuse looses things: human potential, family stability, job performance, military effectiveness, money, and more. Alcohol abuse takes its toll not only on the abuser, but on everyone. Each person who abuses alcohol abuses us all. How can we measure the effect of a drunk driver who kills an innocent bystander? It happens hundreds of times each day. When a coworker does not show up for work from a hangover we all have to compensate. If we do

not follow an important safety regulation in the work place we are all in danger. At home the family will suffer forever from the dreaded disease and pass down the cursed gift of alcohol abuse to the next generation.

Young people in the sea services have the opportunity to explore new countries, are away from home, and the temptation to drink is pervasive in many situations. After being isolated on a ship for sometimes four to five months without seeing land, the propensity to drink is enormous. When leaving the ship, for the first time after an extended time at sea, the first place to which many young sailors and Marines go is a bar. They are seeking new and different experiences and are searching for an emotional outlet from many arduous months at sea. How can we expect these young people not to use alcohol when in 1981 the alcoholic-beverage industry spent \$1,049.9 billion on advertising?¹ Often, alcohol companies sponsor military sporting events; this sends a mixed signal. Young people are brainwashed into thinking that it is socially acceptable to get high with alcohol. When a young recruit comes into the Navy or Marine Corps he or she comes from the society that has made it legal to spend such astronomical amounts of money on the glamorization of drug use.

¹ Stephen P. Apthorp, Alcohol and Substance Abuse (Wilton, Conn.: Morehouse-Barlow, 1985), 10.

Behavior on shore duty has a different set of circumstances that can be equally devastating. Active duty personnel experience stress that is greater than in the civilian sector. They have to be ready to die for their country. The hours are sometimes longer than normal jobs, the pay is lower than in the private sector, and the lack of an extended family creates family pressures that contribute to the possibility of drug abuse.

"According to the National Council on Alcoholism, one out of eight adults in America is an alcoholic, as are 10 to 20 percent of all drinkers."² With these alarming statistics the U.S. Navy has to take an active role in preventing alcohol abuse. Navy leadership is obligated to take the lead in not abusing drugs, as younger sailors and Marines look up to them as role models. From my experience, the typical enlisted sailor or Marine comes from a middle to lower class family and is often trying to escape from a problem at home. The military represents a strong parental role and has the aura of authority that many of these young people do not have. If Navy and Marine Corps leaders abuse alcohol, their subordinates often see that as the proper way in which to conduct themselves.

Thesis

This project undertakes to assess the current problem of alcohol abuse in the sea services; it will attempt to

² Apthorp, 7.

offer preventive steps that the military can take to diminish the problems caused by alcohol abuse.

Definitions of Major Terms

To understand the dynamics of alcohol abuse prevention, the following terms are presented:

Alcoholism: The National Council on Alcoholism describes alcoholism as, "a complex, progressive disease in which the use of alcohol interferes with health, social and economic functioning. Untreated, alcoholism results in physical incapacity, permanent mental damage and/or premature death. The onset of the disease varies widely and may appear at the first drink or may take years to develop."³

Denial: We might compare the patient with a pathologic denial mechanism to a race horse wearing blinders that decrease the excitement generated by the other horses and the crowd. The concentration of the horse will be focused on the one goal of crossing the finish line first. For the person with a drinking problem, the denial mechanism represents the patient's blinders; they serve to ward off any insights that may interfere with the major goal of going on to the next drink. Another analogy that comes to mind is the ostrich with its head in the ground. Just as the ostrich is unaware of its exposure to the rest of the world,

³ Facts on Alcoholism (New York: National Council on Alcoholism, 1979).

so is the alcoholic convinced that no one is aware of his excessive drinking. Minimizing the severity of the drinking problem becomes an essential part of the alcoholic's orientation to the environment.⁴

Co-dependency: This is "a specific condition that is characterized by preoccupation and extreme dependence (emotionally, socially, and sometimes physically), on a person or object. Eventually, this dependence on another person becomes a pathological condition that affects the co-dependent in all other relationships."⁵

The alcoholic family: In recent years, a more empathetic view of families with alcoholic members has been emerging. A summary of this view is provided by Peter Steinglass, M.D.:

Family-oriented clinicians and researchers have drawn on the burgeoning interest in family systems theory and on findings from family interaction research to suggest that families with alcoholic members are highly complex behavioral systems with remarkable tolerances for stress as well as occasional bursts of adaptive behavioral inventiveness that provoke wonder and admiration in observers.⁶

Alcoholics Anonymous: At many AA group meetings they read this highly descriptive definition:

⁴ Donald M. Gallant, Alcoholism: A Guide to Diagnosis, Intervention, and Treatment (New York: W.W. Norton, 1987), 35.

⁵ Sharon Wegscheider-Cruse, Choicemaking (Pompano Beach, Fla.: Health Communications, 1987), 2.

⁶ Peter Steinglass, The Alcoholic Family (New York: Basic Books, 1987), 8.

Alcoholics Anonymous is a fellowship of men and women who share their experience, strength and hope with each other that they may solve their common problem and help others to recover from alcoholism. The only requirement for membership is a desire to stop drinking. There are no dues or fees for AA membership; we are self-supporting through our own contributions. AA is not allied with any sect, denomination, politics, organization or institution; does not wish to engage in any controversy; neither endorse nor oppose any causes. Our primary purpose is to stay sober and help other alcoholics achieve sobriety.⁷

Their program for recovery is based on the following twelve step program:

1. We admitted we were powerless over alcohol—that our lives had become unmanageable.
2. Came to believe that a Power greater than ourselves could restore us to sanity.
3. Made a decision to turn our will and our lives over to the care of God, as we understood him.
4. Made a searching and fearless moral inventory of ourselves.
5. Admitted to God, to ourselves, and to another human being the exact nature of our wrongs.
6. Were entirely ready to have God remove all these defects of character.
7. Humbly asked Him to remove our shortcomings.
8. Made a list of all persons we had harmed, and became willing to make amends to them all.
9. Made direct amends to such people wherever possible, except when to do so would injure them or others.
10. Continued to take personal inventory and when we were wrong promptly admitted it.

⁷ Apthorp, 131.

11. Sought through prayer and meditation to improve our conscious contact with God as we understood Him, praying only for knowledge of His will for us and the power to carry that out.

12. Having had a spiritual awakening as the result of these steps, we tried to carry this message to alcoholics and to practice these principles in all our affairs.⁸

Al-Anon: Chemical dependency is a family illness. Al-Anon provides personal contacts with family members of alcoholics, and this can be helpful to others distressed by the dependency. Al-Anon and Alateen are well established support programs for the family; it does not matter whether the dependent person seeks help or recognizes the existence of a problem. They seek to meet and alleviate the dependency problems that are an integral part of the illness. Although Al-Anon is an outgrowth of Alcoholics Anonymous and bases its programs on the same "Twelve Steps," it is a separate fellowship. Any person who feels his or her life has been affected by someone's chemical use is eligible for membership. The goals of both Al-Anon and Alateen are to:

1. Offer comfort, hope, and friendship to the families and friends of compulsive drinkers and drug users.
2. Provide the opportunity to learn to grow spiritually through living by the twelve Steps.
3. Learn effective ways to cope with their problems through sharing experiences and

⁸ Apthorp, 132-33.

discussing difficulties.⁹

Adult Children of Alcoholics: Growing up in an alcoholic home can cause intellectual, emotional, or psychological problems. Many suffer from these problems without knowing the cause. Adult Children of Alcoholics was formed with a similar twelve step program for recovery. Janet Geringer-Woititz lists the following characteristics of Adult Children of Alcoholics:

1. Adult children of alcoholics guess at what normal behavior is.
2. Adult children of alcoholics have difficulty following a project through from beginning to end.
3. Adult children of alcoholics lie when it would be just as easy to tell the truth.
4. Adult children of alcoholics judge themselves without mercy.
5. Adult children of alcoholics have difficulty having fun.
6. Adult children of alcoholics take themselves very seriously.
7. Adult children of alcoholics have difficulty with intimate relationships.
8. Adult children of alcoholics overreact to changes over which they have no control.
9. Adult children of alcoholics constantly seek approval and affirmation.
10. Adult children of alcoholics usually feel that they are different from other people.

⁹ Apthorp, 138.

11. Adult children of alcoholics are super responsible or super irresponsible.

12. Adult children of alcoholics are extremely loyal, even in the face of evidence that the loyalty is undeserved.

13. Adult children of alcoholics are impulsive. They tend to lock themselves into a course of action without giving serious consideration to alternative behaviors or possible consequences. This impulsivity leads to confusion, self-loathing, and loss of control over their environment. In addition, they spend an excessive amount of energy cleaning up the mess.¹⁰

Work Done Previously in the Field

Prevention literature is critically examined in an article by Joel Moskowitz. Much of the literature found specifically on alcohol abuse prevention is also examined. The following abstract of the article summarizes most of the major research and data on alcohol abuse prevention:

The research evaluating the effects of programs and policies in reducing the incidence of alcohol problems is critically reviewed. Four types of preventive interventions are examined including: (1) policies affecting the physical, economic and social availability of alcohol, (2) formal social controls on alcohol-related behavior, (3) primary prevention programs, and (4) environmental safety measures. The research generally supports the efficacy of three alcohol-specific policies: raising the minimum legal drinking age to 21, increasing alcohol taxes and increasing the enforcement of drinking-driving laws. Also, research suggests that various environmental safety measures reduce the incidence of alcohol related trauma. In contrast, little evidence currently exists to support the efficacy of primary prevention programs. However, a systems perspective of prevention suggests that prevention programs may become more efficacious

¹⁰ Janet Geringer-Woitz, Adult Children of Alcoholics (Pompano Beach, Fla.: Health Communications, 1983), 4.

after widespread adoption of prevention policies that lead to shifts in social norms regarding use of beverage alcohol.¹¹

The conclusions of this article closely follow many of the conclusions in this project. There is no literature per se that addresses alcohol abuse prevention in the sea services. The bibliography has resources on the general problem, but the conclusions in this project will be unique. Voluntary abstinence is encouraged with these findings. Alcohol researchers have discovered the adverse effects of alcohol even in moderate drinkers:

Evidence has been advanced that every time a drink is taken even the moderate imbiber may incur some loss of irreplaceable brain cells. There is also strong scientific medical information that alcohol-created sludge can deleteriously affect other parts of the human body, including the eyes. This data was the result of experiments at the Medical University of South Carolina by Professor Melvin H. Knisely and his associates, Drs. Herbert A. Moskow and Raymond C. Pennington.¹²

Scope and Limitations of the Project

The scope of the project is to face the problems of alcohol abuse in the sea services. Some practical methods are offered to curb the problem for the short term, and also proposed are long-term systemic changes. This project does not address the problem of illicit drugs or tobacco. Alcohol is legal, a part of our culture, and can be

¹¹ Joel M. Moskowitz, "The Primary Prevention of Alcohol Problems: A Critical Review of the Research Literature," Journal of Studies on Alcohol 50, no. 1 (1989): 54.

¹² Louis B. Burgess, Alcohol and Your Health (Los Angeles: Charles Publishing, 1973), 130.

controlled by the military. Alcohol problems are unique to other drugs precisely because alcohol is legal, part of many military traditions, glamorized by the advertising industry, and totally consumed in our culture.

Procedure for Integration

This project integrates material from the author's experience of over twenty-two years of military service, thirteen years of ordained ministry, ten years of active duty in the U.S. Navy Chaplain Corps, and experience from personal involvement in Adult Children of Alcoholics and Al-Anon.

CHAPTER 2

Ethical Responsibilities

I serve as an active duty chaplain in the United States Navy. I have traveled all over the orient while serving as a chaplain on a squadron of ships, and during this period, lived on twenty-two different ships. I conducted Divine Worship Services on all my ships at sea by being flown on a helicopter from ship to ship. If the ship was too old to have a flight deck, they lowered me with a horse collar attached to a cable. Ministry in the sea services puts a chaplain in extremely close personal contact with thousands of dedicated men and women. Working and living with one's congregation makes for a dynamic ministry; to share work and recreation enhances ministry. When a ship pulls into a port I have observed that drinking alcohol is the primary form of recreation for many sea service personnel. I have served two duty assignments with Marines. Presently I am stationed overseas. Directly or indirectly, alcohol abuse problems enter family dynamics when stationed on shore and comprise much of my counseling load. Although the Navy has many official programs to help with the treatment of alcohol abuse, little is offered in the area of prevention. This chapter attempts to explain why the Navy has an ethical responsibility to take alcohol prevention efforts more seriously. It also examines facts about alcohol abuse in our country and how the sea services can exacerbate or

reduce the problem. In addition suggestions are provided for instituting an alcohol abuse prevention program based on history, norms, and moral issues surrounding alcohol use and abuse.

Facts About Alcohol Abuse

It is legal. It is powerful. It is big business. Alcohol has been part of our lives from the beginning of civilization. Our culture and economy are tied into the consumption of alcohol. We drink during the holidays; we celebrate and symbolize the most fundamental beliefs of our religion with alcohol. We drink to celebrate personal triumphs and to drown our sorrows. We drink to give ourselves an appetite, to help us relax, to assert our virility, to help us get to sleep. The list is almost endless. We use the offer of a drink as a symbol of friendship or of gratitude, to seal a bargain, or to mark the end of quarrel. We toast our country, our institutions, and our friends with alcohol. Many a present for all occasions is a bottle of alcohol. The advertising industry has helped to create our need to drink excessively. Studies cited by the National Council on Alcoholism show that American children see 100,000 TV commercials for beer before they reach eighteen, and usually take their first drink by the age of twelve.¹ The rate of consumption of alcohol in

¹ Janice Castro, "Volunteer Vice Squad," Time Magazine, 23 Apr. 1990, 61.

our country is alarming. Peter Miller and Ted Nirenberg, editors of the book Prevention of Alcohol Abuse, offered these facts:

The Forth Special Report to the United States Congress on Alcohol and Health (DeLuca, 1981) reported that in 1978, 32% of 10th to 12th-graders and over 24% of 15-year-olds were moderate to heavy drinkers. Generally, American adults (14 years of age and older) consume on the average 2.7 gallons of ethanol per person per year (approximately two standard drinks per day), a large amount considering that about one-third of the adult population is abstinent.²

This is the culture from which our young people in the sea services come.

According to Joseph A. Pursch, M.D., "The number one cause of death for members of the Armed Forces is driving under the influence."³ I have presided over many funerals and memorial services for young sailors and Marines who have not died while defending their country or saving lives, but have died of preventable and pointless alcohol-related automobile accidents. Many fatal accidents in the sea services could have been avoided if the young men and women who work on and in dangerous equipment were totally alert and sober. The lack of government acknowledgement about alcohol-related automobile accidents appalls Stephen Apthorp in his book Alcohol and Substance Abuse:

² Peter M. Miller and Ted D. Nirenberg, eds., Prevention of Alcohol Abuse (New York: Plenum Press, 1984), 4.

³ Joseph A. Pursch, Dear Doc... (Minneapolis, Minn.: CompCare Publishers, 1985), 8.

There is not now, nor has there been, a nationwide governmental program to combat drunk driving. Despite that in 1984 the College of American Pathologists reported its documented figures showing alcohol is involved in up to 90 percent of all fatal motor-vehicle accidents, the National Highway Traffic Safety Administration in Washington still maintains that drunk driving is involved in only 50 percent of all fatal accidents.⁴

We have learned much in the last ten years about family dynamics and alcohol abuse. We have learned that if one parent is chemically dependent, there is a 50 percent chance that one offspring will have difficulties with alcohol; if both parents are dependent, the chances are 85 to 90 percent that all children will have problems because of drinking.⁵ Also, according to the National Council on Alcoholism, one out of eight adults in America is an alcoholic, as are 10 to 20 percent of all drinkers.⁶ With these alarming statistics, the sea services must take an active role in educating young people about the dangers of alcohol abuse. Like cancer, if preventive measures are taken problems may never occur.

Alcohol Abuse in America

Historically, alcohol has been a source of wonder. From prescriptions for beer written on clay tablets by Sumerian physicians written earlier than the year 2000 B.C.,

⁴ Apthorp, 54.

⁵ Apthorp, 61.

⁶ Apthorp, 7.

to having a "Bud" at a Los Angeles Angels baseball game in A.D. 2000, alcohol is an integral part in the life of the human species. In America, cultural restrictions on the use of alcohol are varied ranging from complete prohibition to liberalization. To meet the philosophy of current thinking, controls have been relaxed or tightened. Probably the most notable attempt at prevention in the United States was the Temperance movement; this pioneered the notion that alcohol use was socially, morally, and physically corrupt and should be abolished. Temperance ideas and strong fundamentalist religious ideas were intermingled. These sentiments eventually led to social legislation in the form of Prohibition. Prohibition failed because it was uncontrollable, like the illicit drug black market of today. Now that alcohol is legal, millions are addicted and millions die from the drug annually. Alcohol use is also tied to the economic fabric of our society. Historical experience and current affairs have colored the following public policy ideas:

- * *The Colonial View*: drinking is a valued social custom; over-indulgence is a weakness in moral character; public discipline is the appropriate response.

- * *The Temperance View*: alcohol (at least, strong liquor) is an addicting poison; its sale is a public hazard; use of the law to restrict its sale is the appropriate response.

- * *The Alcoholism View*: alcoholism is a disease; its causes are as yet unknown; treatment of those who are vulnerable to it is the appropriate

response.⁷

We have come a long way in understanding how we are effected by alcohol. This experience is vital in understanding how to prevent alcohol abuse. Douglas A. Parker provides a historical synopsis of the Temperance movement:

The Temperance Movement regarded liquor as a powerful substance that needed to be controlled, if not eliminated altogether by governmental regulations. Support for the prohibition of alcohol production and sales increased during the first two decades of the twentieth century and resulted in the passage of the Eighteenth Amendment. The subsequent repeal of national prohibition in 1933 because of problems of enforcement and changes in the attitudes of the population did not end government alcohol control policies or the controversy over them. The Twenty-first Amendment to the Constitution of the United States assigned the states the right and responsibility for the regulation of the manufacture, distribution, sale, and consumption of alcoholic beverages within their borders.⁸

In the aftermath of Prohibition, the Comprehensive Alcohol Abuse and Alcoholism Prevention Treatment and Rehabilitation Act of 1970 established the National Institute on Alcohol Abuse and Alcoholism (NIAAA).⁹ They

⁷ Mark H. Moore and Dean R. Gerstein, eds., "Report of the Panel," Alcohol and Public Policy: Beyond the Shadow of Prohibition (Washington, D.C.: National Academy Press, 1981), 11-12.

⁸ Douglas A. Parker, "Alcohol Control Policy in the United States," in Prevention of Alcohol Abuse, eds. Peter M. Miller and Ted D. Nirenberg (New York: Plenum Press, 1984), 235-36.

⁹ The NIAAA assumes responsibilities for federal activities oriented toward (1) the accumulation and distribution of knowledge concerning the health hazards

based their theory on the cultural use of alcohol from the Jews who used alcohol but had a low rate of alcoholism. The NIAAA assumed that guilt caused high rates of alcoholism, thus the temperance movement, which produced guilt, caused needless misuse of alcohol. Alcohol was considered forbidden fruit. To lift this notion, proposals were advanced to lift restrictions on the availability of alcohol. Restaurants, grocery stores, theaters, and other settings were targeted. Lighter proof liquors in these settings were introduced. The goal was to substitute responsible drinking practices for less responsible ones.¹⁰ The plan failed. Empirical data from other countries, concerning the short-term effects of these policies, revealed that liberalization of control policies promoted an addictive, not a substitutive effect. During the second five years of its existence, the NIAAA made a complete change in its approach to prevention. To halt the increasing use of alcohol, the responsible drinking policy was replaced.¹¹ The NIAAA finds it more effective to

associated with the misuse of alcohol, and (2) the enhancement and promotion of the capacity of individual states and communities for sustaining programs of alcoholism prevention, treatment, and rehabilitation. The NIAAA was also established to assume responsibility for the formulation of federal prevention policies. During the first five years of its existence, the NIAAA policy on the prevention of alcohol misuse was the promotion of norms of "responsible drinking.

¹⁰ Parker, 239.

¹¹ Parker, 240.

attempt to decrease the use of alcohol. There is much criticism about their attempts to prevent alcohol abuse, but their research is valuable and can be used to formulate a prevention program for the sea services. The three short-term goals of this project for alcohol abuse prevention parallel this research and suggest methods by which to decrease the use of alcohol.

Norms of Alcohol Drinking

Attempting to establish or enforce norms for drinking responsibly is nearly impossible. Presently, in the United States, there are no cultural guidelines for the responsible or irresponsible use of alcohol. Stephen Apthorp supports the findings of the National Council of Churches which concludes that "At this time society is virtually without any guideline distinguishing between responsible and irresponsible drinking."¹² It is wrong to get a traffic violation for driving under the influence of alcohol, but often it is socially acceptable to get drunk at a party. Unfortunately, our sea service personnel come from a drugged society. The Royal College of Psychiatrists stated:

One of the main reasons why adolescents start drinking is to demonstrate that they are grown up, and young men still seek to measure their manhood by the number of pints they can down in an evening. Because of these masculine connotations drinking alcohol, like smoking, is also to some

¹² Apthorp, 44, citing the findings of the National Council of Churches of Christ in Problem Drinking: Report on the Task Force on Alcohol Problems (New York: National Council of Churches of Christ, 1973), 15.

extent a symbol of female emancipation. Girls start drinking in part to demonstrate that they are not to be outdone. Each year we read of tragic cases where a young person has died following an over dose of alcohol taken as a boast or dare.¹³

The advertising industry does much to create norms for drinking. Sporting events interest many of our young sea service personnel. To show how the advertising industry establishes norms for drinking, Don Cahalan offers the following facts:

On the sports scene, Anheuser-Busch alone sponsored 98 professional and 380 college sports events in a recent year; it also owns the St. Louis Cardinals and paid many millions to the Los Angeles Olympic Committee for the use of the Olympic seal in its beer packaging. Its Michelob Light also sponsors tennis tournaments, and Budweiser owns the world's leading speed boat and a "land rocket" that appears in Anheuser Busch ads. Miller Beer was the chief sponsor on the 1984 Winter Olympics.¹⁴

With this type of alcohol glorification, it is impossible to change norms that are created by the producers of this legal drug. Gary Forrest, in his book Guidelines for Responsible Drinking, attempts to establish responsible norms for drinking. Forrest believes that it is possible to develop operational and pragmatic guidelines for responsible and irresponsible drinking. Forrest offers the following guidelines:

¹³ Royal College of Psychiatrists, Alcohol: Our Favorite Drug (London: Tavistock Publications, 1986), 114.

¹⁴ Don Cahalan, Understanding America's Drinking Problem (San Francisco: Jossey-Bass, 1987), 93.

Responsible drinking behavior is consuming alcohol in a manner that is in no way injurious to the psychological, interpersonal, physical, moral, legal, or spiritual well-being of the drinker, society, or other people.¹⁵

Irresponsible drinking behavior is any use of alcohol that is detrimental to the well-being of the drinker, society, other people. In a simplistic sense, irresponsible drinking is the converse of responsible drinking.¹⁶

Forrest points out that responsible drinking is anathema to the alcoholic.

In seventeen years of clinical practice with alcoholics and alcohol abusers I have never worked with or observed a primary alcoholic who has been able to maintain a long-term pattern of controlled and responsible ethanol consumption - *not one!*¹⁷

On the one hand, defining norms for drinking has merit because the vast majority of drinkers are not alcoholics or consistent abusers. On the other hand, we have a tremendous problem defining responsible drinking in the sea service. How do you decide who can be a responsible drinker, and who can be an irresponsible drinker? The NIAAA, as pointed out earlier in this paper, has decided simply to halt the increasing use of alcohol.¹⁸ The Department of Defense (DoD) is taking a similar approach. The decided focus on DoD prevention programs is on more measurable adverse

¹⁵ Gary G. Forrest, Guidelines for Responsible Drinking (Springfield, Ill.: Charles C. Thomas, 1989), 32.

¹⁶ Forrest, Guidelines for Responsible Drinking, 33.

¹⁷ Forrest, Guidelines for Responsible Drinking, 38.

¹⁸ Parker, 240.

consequences of abuse rather than upon the peripheral aspects of alcohol and drug use.¹⁹ People drink alcohol for all occasions. We should proceed with caution when attempting to establish acceptable norms for drinking, because to establish norms for responsible drinking encourages drinking. For some, one drink is potentially fatal. Rather than defining norms for responsible drinking every effort should be made to decrease the use of alcohol. The sea services cannot afford to abuse alcohol. John Kelleen also reported:

In absolute terms, the common perception is true that the military has a more serious problem than do civilian institutions. Per capita, the problem is worse in the military. Higher-risk persons populate the military; they are largely male, young, single, some-what less educated, and more likely to be at least temporarily living in remote locations without families. These factors are known to predispose all people to alcohol and drug abuse problems.²⁰

To exacerbate the problem further, moderate alcohol use in the sea services serves to enhance group cohesion. Many ceremonies, evolve around drinking, ie: launching of ships, dining-ins (formal military dinners in dress uniform), military weddings, cocktail parties, etc. From a budgetary viewpoint, alcohol also serves a vital function. To support popular morale, welfare, and recreation activities that

¹⁹ John E. Kelleen, "Military Intervention Programs," in Prevention of Alcohol Abuse, eds. Peter M. Miller and Ted D. Nirenberg (New York: Plenum Press, 1984), 470.

²⁰ Kelleen, 488.

cannot be self-supporting, alcohol sales in military clubs and package stores provide substantial funds. Many education and training programs for enlisted and officer personnel exist, but individual behavior and traditional drinking behavior in the sea services prevails. I have attended formal military functions where the price included unlimited wine at the table. I choose not to drink, but often I have to subsidize drinking by others. What kind of message does this give? Almost everyone who attends a military function drives to the function, yet unlimited alcohol is provided. Wine should always be a separate individually purchased item. If a designated driver is officially encouraged, the message here is: "Drink to the point where you can't even drive a car." Completely overlooked is that alcohol not only destroys people in cars, but one does not even have to drive a car for alcohol to destroy a marriage, a family, or a liver. On the positive side, de-glamorization efforts have recently begun. The Commandant of the Marine Corps recently stopped a sporting event because a beer company sponsored it. Many treatment and rehabilitation programs exist in the sea services, but normally there is no treatment until there is a problem.

Perspectives on Sea Service Life

Young people in the sea services are away from home for the first time; they have the freedom, on their off hours, to do anything that is legal--including drinking alcohol.

It is nearly impossible to help young people understand the dangers of alcohol abuse when in 1981 the alcoholic-beverage industry spent \$1,049.9 million on advertising.²¹ Sea service personnel receive many confusing messages: Alcohol companies sponsor sporting events in the sea services, yet military personnel are severely punished when caught drinking and driving. Sociologically, young people are brainwashed into thinking that it is acceptable, even necessary, to drink alcohol. When a young recruit comes into the sea service, he or she comes from a drugged society --a society that has made it legal to spend astronomical amounts of money on the glamorization of drug use. During boot camp, sailors and Marines are forbidden to drink alcohol or even use tobacco. There is no training during or after boot camp to help them understand why they cannot drink alcohol. When they get out of training, they are ripe for the abuse of alcohol. They now have unlimited opportunities to abuse alcohol. Problems can become epidemic as the sea service member matures. In the Worldwide Survey of Nonmedical Drug Use and Alcohol Use Among Military Personnel, the following facts were discovered:

More than 80 percent of all ranks and grades [in the military] had drunk alcoholic beverages at least once during the prior thirty days. Among these, 21 percent were rated as 'heavy drinkers' of beer (eight or more cans in a single day at

²¹ Apthorp, 10.

least once a week during the past twelve months), 5 percent as 'heavy drinkers' of wine, and 11 percent as 'heavy drinkers' of hard liquor. While 22 percent said that their work performance was impaired because of alcohol, relatively few as yet had developed obvious medical problems or the high level of physiological tolerance that goes with alcohol addiction.²²

Military personnel are at risk for alcohol abuse problems. The highest at risk population for alcohol abuse are single men 18-24 years of age; coincidentally, the sea services have many men in this category. Alcohol abuse is endemic for this population. Also, the stress of married families in the sea services is far more intense than in the civilian sector. Often, sea service personnel will be away from home for one quarter or more of the time they spend in the service. With pay scales far lower than the civilian sector, frequent permanent change of station moves, and frequent family separation, the potential for alcohol abuse and resulting moral problems is enormous.

Behavior Problems

The Navy chaplain deals with many negative behavioral problems that sea service personnel and their families endure. Since chaplains are a safe haven, insulated from the chain of command, sea service personnel divulge many problems in the chaplain's office. It has been my personal experience that most negative behavior problems (such as,

²² M. Burt and M. Beigel, Worldwide Survey of Nonmedical Drug Use and Alcohol Use Among Military Personnel (Bethesda, Md.: Burt Associates, 1980), 25-33.

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spouse abuse, child abuse, financial problems, work related problems, unwanted pregnancies, child support problems, personality conflicts, adultery cases, violence, etc.) in many cases can be traced directly or indirectly to alcohol abuse. If the abuse of alcohol stops negative behavior problems decrease dramatically. The human costs associated with these problems is staggering. The monetary costs are also considerable. Don Cahalan writes about alcohol abuse in America:

All available evidence suggests that, though alcohol is a legal drug used by at least two-thirds of our adult citizenry, its side effects are very costly. The official estimate for 1980 of the fiscal costs to society is a whopping \$89+ billion. When projected forward to 1983, the costs were guesstimated at the even more astronomical figure of \$116.7 billion.²³

The average age of the majority sea service personnel is 18 to 22 years. These are crucial years. As a chaplain I see a tremendous amount of maturing during these years. To develop good personal and work habits during this period puts productive people back into the civilian world. One less person with alcohol abuse related problems is much less of a burden on the entire society. The sea service is a powerful influence on young people. If the sea service can influence young people to drink less alcohol, society would benefit.

²³ Cahalan, 6.

Ethical Demands

The problem of alcohol abuse is complicated. Alcohol is legal and woven into the fabric of the culture. Vernon Johnson, a clergyman who founded the Johnson Institute (the first in-patient alcohol treatment facility in America) wrote: "Anybody who can become an alcoholic in America, will."²⁴ This is especially true for men and women in the sea services. The DoD has an ethical responsibility to sea service personnel, taxpayers, and future veterans. These people will become either productive members of society or burdens to society. Commanding officers must take a more active role in curbing the abuse of alcohol. The abuse of alcohol in the sea services is a threat to our national security. It is not unusual for a nineteen year-old to be responsible for the proper functioning of a multimillion dollar piece of equipment. One mistake due to alcohol abuse and a plane could crash. Alcohol abuse prevention is a daunting task because it is impossible to ask sea service personnel to abstain from using alcohol; they can be encouraged to drink less.

Curtailling the Abuse of Alcohol

There are three short term methods by which the sea services can begin to work toward an alcohol prevention program. As cited earlier, the NIAAA discovered that

²⁴ Vernon E. Johnson, I'll Quit Tomorrow (New York: Harper and Row, 1973), 11.

promoting responsible drinking only exacerbates the problem. Therefore, guidelines from research by the panel on alternative policies effecting the prevention of alcohol abuse and alcoholism concludes that there are three methods of curtailing the abuse of alcohol.

1. Regulate the supply of alcoholic beverages. The evidence is most extensive and uniform regarding the effects of taxation. It shows that taxes effect prices; prices effect the quantity of consumption, and the quantity of consumption effects the health and safety of drinkers.²⁵ The sea services can affect the supply of alcohol. Sea service package stores provide alcohol at reduced prices to sea service personnel therefore encouraging drunkenness. The price of alcohol can be controlled in military package stores to reduce alcohol abuse.

2. Shape drinking practices directly. The panel concludes that, the problems associated with drunken driving are large enough and involve enough innocent third parties to warrant strict legal intervention. The sea services can get tougher on driving under the influence and other alcohol related offenses.

3. Reduce environmental risk. The approach can be more accurately, if more awkwardly, described as "making the world safer for, and from, people who are affected by

²⁵ Moore and Gerstein, 114.

alcohol intoxication or other impairments."²⁶ More than any other population group, the sea services and the military can reduce environmental risk by its very design. The military can prohibit alcohol companies from sponsoring sporting events. Other official events can be discouraged from centering on alcohol.

Summary

The sea services are vital to the security and the safety of the United States and most of the free world. Positions of responsibility are awesome. The officers of an aircraft carrier have total responsibility for up to 6,000 personnel, their families, and billions of dollars worth of equipment. This tiny floating airport handles as much air traffic as a major land-based airport. There is no room for impaired judgement in this environment. The human organism is susceptible to the effects of alcohol; alcohol impairs judgement, and over the long term can cause physiological and psychological damage. Our society uses and abuses this legal and powerful drug. The advertising industry totally exploits its use and abuse for the capitalistic gain of the alcohol industry. Young men and women in our society are brainwashed into thinking that they need alcohol to be normal and fit in; these are the recruits for the sea services and the other branches of service. The sea services have programs that attempt to prevent alcohol

²⁶ Moore and Gerstein, 100-1.

abuse, but the problem is pervasive and more needs to be done. Alcohol abuse prevention must become a top priority. Sea service leadership has an ethical responsibility to sea service personnel, their families, and the taxpayer to:

1. Regulate the supply of alcoholic beverages.
2. Shape drinking practices directly.
3. Reduce environmental risk.

These will help in the short term to curb the abuse of alcohol. In the next three chapters, long-term, systemic changes that may help prevent the abuse of alcohol are proposed and explained.

CHAPTER 3

Alcoholism: A Family Disease

Families in the military are becoming younger; the age in which they live is tragically saturated with licit and illicit drugs, and the propensity to use drugs is greater than ever. Alcohol is legal and is part of the social structure of life in the sea services. Young families in the military are subjected to stress that is somewhat unknown in the civilian sector. Frequent moves all over the world, family separation, and low pay contribute to instability and the opportunity abuse alcohol. The young military family that lives all over the world on and near military bases is estranged from the extended family and has to rely on the nuclear family. The rules and rituals that develop are shaped by the isolation and institutionalization of the military.

The Military Family

When the fragile state of marriage in the military is challenged by frequent moves, separations, and no extended family, healthy rituals and flexible rules sometimes fail to develop; out of survival inflexible rituals and rigid rules also can develop. There are similarities between non-alcoholic family systems in the military and alcoholic family systems. The rigid rules that many families have to endure in the military often impose similar rigid rules on a healthy family system. Most families in the military could

use counseling just to cope with the reality of life in the military. The associated problems of child abuse, spouse abuse, family violence, financial difficulties, sexual problems, etc., are often directly attributable to alcohol abuse; they can be indirectly traced to the unique life in the military.

In military families, children often have to survive with the military member away from home for up to a year at a time. It is not uncommon for military personnel to be gone from the home for over one quarter of their careers. This causes family dynamics to change in unhealthy ways. If alcohol is present, this only exacerbates an already volatile situation. The combination of teenage parents, war or the threat of war, and alcohol is a deadly mix. Family therapy must be given top priority not only for the most effective control of alcohol abuse but for the care and nurture of all military families. This chapter presents the ideas of various scholars and therapists who have contributed to the subject of alcoholic family systems.

Family Homeostasis

Virginia Satir points out in her book, Conjoint Family Therapy, that the family acts to achieve balance in relationships. She writes that the marital relationship influences the character of family homeostasis. The marital relationship is the axis around which all other family relationships are formed. The mates are the architects of

the family. A pained marital relationship often produces dysfunctional parenting.¹ In an alcoholic family, the drinking problem affects the homeostasis of the family. All family members will accommodate and adjust to the alcoholic's behavior. Satir likes to look at the system like a mobile suspended in mid air. In healthy families when the wind blows, all the parts of the mobile move together; each has to accommodate the other. When the wind stops, the whole family system gradually regains its stability held together by its accustomed rules and patterns of responding. In unhealthy families the family mobile is rigid, because all of the members have to deal with the dysfunctional behavior of one member. This can be compared to holding one piece of the mobile; the rest of the pieces are no longer able to move about freely. When the wind blows, none of the pieces can accommodate the other; they all must accommodate to the piece that is held rigid. When the wind stops, they will all be left in a tangle.

Alcoholic Family Rules and Roles

Sobriety is not enough. As we begin to understand how family systems function, it is not so surprising that the problems in an alcoholic family do not end magically when the alcoholic stops drinking. Sobriety, no matter how the spouse and children may have longed for it, is a change;

¹ Virginia Satir, Conjoint Family Therapy (Palo Alto, Calif.: Science and Behavior Books, 1967), 1-2.

stress follows. Also, since the rest of the system was designed to maintain its equilibrium with the alcoholic in a role, the old place on the mobile, it will subtly work to put him or her back into that role (although no one in the family is likely to be aware of what is happening). Sharon Wegscheider feels that if sobriety is to last, and if the family as a whole is to find happiness, major changes have to be made in the family system.²

The alcoholic is a powerful influence in the family mobile. As the alcoholic gradually loses power over his/her life and behavior, frequently power is wielded over those people close to him/her. Though the alcoholic is increasingly dependent on them for emotional, social, and financial support, the alcoholic plays the dictator to get it. The alcoholic controls what the people close to him/her say, what they do, what they think, and even what they feel. The control is so constant, all pervasive, and often subtle that they may not even be aware of it.³ From this position of control, the following rules can develop:

- * The Dependent's use of alcohol is the most important thing in the family's life.
- * Alcohol is not the cause of the family's problem (denial).
- * Someone or something else caused the alcoholic's dependency; the alcoholic is not responsible.

² Sharon Wegscheider, Another Chance (Palo Alto, Calif.: Science and Behavior Books, 1981), 47.

³ Wegscheider, 81.

- * The status quo must be maintained at all cost.
- * Everyone in the family must be an "enabler."
- * No one may discuss what is really going on in the family, either with one another or with outsiders.
- * No one may say what he is really feeling.⁴

From these rigid rules family roles develop. Every alcoholic has a supporting cast--literally supporting--as the alcoholic plays out the drama. Without them the alcoholic would have had to face the consequences of his/her actions long before dependency on drinking could have developed into full-blown alcoholism.⁵ The following roles are common in alcoholic families:

1. The Enabler: This is the one who is closest to the Dependent.⁶
2. The Hero: The eldest son or daughter usually plays the Hero. Of all the children's roles in the alcoholic family, this one is most often determined by birth order.⁷
3. The Scapegoat: He walks onto the family stage only to find that there are already three people there, and the action has started. S/he is too late - the Hero's part has already been cast.⁸
4. The Lost Child: By the time the third child makes his appearance, the plot of the alcoholic drama has thickened, and the four characters

⁴ Wegscheider, 81-83.

⁵ Wegscheider, 89.

⁶ Wegscheider, 90.

⁷ Wegscheider, 104.

⁸ Wegscheider, 116

already on stage are intensely involved in it. Like the Scapegoat before him, this child feels like an outsider. Unlike the Scapegoat, however, s/he does not try to force his/her way into the actions or resort to some attention - getting tactic on another part of the stage. Instead, s/he simply retires to the wings.⁹

5. The Mascot: The cast of our family drama is almost complete. We have watched as the Dependent slowly succumbs to the characteristic symptoms of alcoholism: *compulsion, denial, and delusion*. We have seen the Enabler beginning to manifest those same symptoms, as one person's dependency has gradually become a family disease. The children, too, manifest all three symptoms; for each, however, one seems to be dominant. The Hero and the Scapegoat are both propelled, in opposite directions, by an irresistible compulsion, while the Lost child makes his/her entire existence one grand denial. Now it remains only for someone to express fully the family's delusion. That someone is the fifth and final supporting player - the Mascot.¹⁰

Wegscheider writes an entire chapter for each of these characters in the family drama of alcoholism.

Co-Dependency and the Addictive Process

In Sharon Wegscheider's later book, Choicemaking, she offers a good description of co-dependency which is an umbrella for the entire cast of characters:

[Co-dependency is] a specific condition that is characterized by preoccupation and extreme dependence (emotionally, socially, and sometimes physically), on a person or object. Eventually, this dependence on another person becomes a pathological condition that affects the co-dependent in all other relationships.¹¹

⁹ Wegscheider, 127.

¹⁰ Wegscheider, 137.

¹¹ Wegscheider-Cruse, 2.

Co-dependency is a human condition that exacerbates the alcoholic's dependency. Co-dependency is a lifestyle, a patterned way of relating to others. It is a way of interpreting experience; it is a lifestyle with low self-esteem at the core. The co-dependent person leads a life characterized by:

- * An inability to have spontaneous fun, and an inability to let go.
- * Problems with intimacy.
- * Inability to know what normal behavior is.
- * An exaggerated need for the approval of others.
- * Confusion about making decisions.
- * Anxiety about making changes.
- * Black and white judgements.
- * Fear and denial of anger.
- * Lies and exaggeration, when it would be easy to tell the truth.
- * Fear of abandonment.
- * Tendency to look for people to take care of.
- * Need to control self and others.

Who is most likely to be affected by co-dependency?

- * Spouses of alcoholics and spouses of other drug dependent persons.
- * Young children with alcoholic parents, grandparents, or siblings.¹²

In any family system that controls behavior through reward systems and emotional repression there is a dynamic

¹² Wegscheider-Cruse, 3-4.

of fear and manipulation. In a system of fear and manipulation there is a pronounced craving for the approval of others. The person needs or becomes dependent on the approval of others to feel acceptable. The result is a reliance on others, a need for external validation, rather than the kind of validation that comes from within, from a secure sense of self.¹³

Anne Wilson-Schaef looks at co-dependent behavior as a disease indigenous unto itself. She looks at it as a generic systemic disease like alcoholism. The fields of chemical dependency, mental health, the women's movement, and family therapy all deal with the addictive process of which co-dependency is a major part. Co-dependent behavior is similar to alcoholism, and according to Wilson-Shaef can have the same outcome--death.

Currently, we are beginning to recognize that co-dependence is a disease in its own right. It fits the disease concept in that it has an onset . . . , and untreated, has a *predictable outcome* (death). We know that co-dependence results in such physical complications as gastrointestinal problems, ulcers, high blood pressure, and even cancer. Indeed, the co-dependent person will often die sooner than the chemically dependent person.¹⁴

Wilson Shaef proposes that the addictive process is an unhealthy and abnormal disease process, whose assumptions, beliefs, behaviors, and lack of spirituality lead to a

¹³ Wegscheider-Cruse, 8.

¹⁴ Anne Wilson-Schaef, Co-Dependence: Misunderstood-Mistreated (San Francisco: Harper and Row, 1986), 6.

process of nonliving that is progressively death-oriented. This basic disease, from which spring the sub-diseases of co-dependence and alcoholism (among others), is tacitly and openly supported by the society in which we live. If an alcoholic stops drinking alcohol, another drug of choice is usually used such as caffeine, nicotine, or sugar. Co-dependent behavior can be substituted for these drugs. Wilson Shaef advocates the twelve step program for treatment of co-dependency.

Adult Children of Alcoholics

Adult children of alcoholics often suffer from the behavior of the alcoholic and the behavior of the co-dependent spouse. Psychiatrist Timmen L. Cermak has studied children of alcoholics. He is a founding member of the National Association for Children of Alcoholics and president of that organization. He grew up in an alcoholic family. In 1983, Cermak wrote:

Children of alcoholics outnumber alcoholics. While the number of Americans with at least one alcoholic parent is not known, the figure of 28,000,000 is consistent with the National Council on Alcoholism's estimate that 10,000,000 Americans suffer from alcoholism and alcohol related problems. A recent Gallup poll found that 33% of Americans feel that drinking has been a cause of trouble in their families.

With such an enormous population at risk, we would expect to find substantial problems, even if the detrimental effects of having an alcoholic parent were minor and short-lived. We know that the effects stemming from parental alcoholism are significant and occur throughout the life span of

the offspring.¹⁵

Alcoholic and co-dependent parents inevitably create an environment of emotional deprivation for the child. The chemically dependent parent medicates emotions, and they come out distorted: Anger becomes vicious brutal rage. Love becomes maudlin sentimentality. Depression and anxiety become self-pity and suspicion. The co-dependent parent, the spouse of the alcoholic, represses emotions. Anger translates into bitterness and long-seething resentment. Fear and anxiety show up in nervous disorders or physical ills. Given these family dynamics, it is not too much to suggest that children growing up in an emotionally handicapped environment will, in their emotional development, become emotionally handicapped.¹⁶

The Child Within

Charles L. Whitfield in the book Healing the Child Within proposes that the "Child Within" each of us is ultimately alive, energetic, creative, and fulfilled; it is our real self--who we really are. Denial of the Child Within and the subsequent emergence of a co-dependent self are particularly common among children and adults who grew up in troubled families, such as those families where chronic physical or mental illness, rigidity, coldness or

¹⁵ Wegscheider-Cruse, 37-38.

¹⁶ Wegscheider-Cruse, 41-42.

lack of nurturing were common.¹⁷ Families that suffer from alcoholism stifle the child within; emotional needs are not met, promises are broken, and rigid rules develop for coping mechanisms. Co-dependence begins by the repression of our child within. Common conditions that contribute to stifling of the child within are inconsistent, unpredictable, arbitrary, and chaotic families.

Robert Subby parallels the ideas in Whitfield's book by showing how the rules that develop from a repressed childhood make co-dependent adults:

1. It's not okay to talk about problems.
2. It's not okay to talk about or express our feelings openly.
3. Communication is best if indirect, with something or someone acting as messenger between two other people. This is called *triangulation*. It's you and me and the kids; you and me and the job; you and me and the checkbook; never just you and me.
4. Unrealistic expectations - Always be strong, always be good, always be perfect, always be happy.
5. Don't be selfish.
6. Do as I say...not as I do.
7. It's not okay to play.
8. Don't rock the boat.
9. Don't talk about sex.¹⁸

¹⁷ Charles L. Whitfield, Healing the Child Within (Pompano Beach, Fla.: Health Communications, 1987), 1.

¹⁸ Robert Subby, Lost in the Shuffle (Deerfield Beach, Fla.: Health Communications, 1987), 29.

Family rules are the mechanism by which co-dependency is transmitted across the generations. Until the rules change, we will continue to see children who as adults lack a clear sense of self. These children are destined to become co-dependent. What many people call a dry drunk in the non-using chemically dependent person, is an on-going expression of their unresolved co-dependency. To the extent that the chemically dependent person may be reacting to the processes of withdrawal, we may consider his or her behavior and mood swings as part and parcel of a biochemical dry drunk. This dry drunk behavior is a language of co-dependency. Abstinence or sobriety represent but a small fraction of recovery. Perhaps no more than five percent of the recovery process and genuine sobriety can be attributed to the choice to stop drinking or to end the misuse of mood-altering agents such as food, alcohol, sex, or work. The remaining 95 percent of the process has to do with the individual's struggle to recover their emotional lives from the grip of co-dependency. "Co-dependency is the product of delayed or interrupted identity caused by the practice of dysfunctional rules."¹⁹

The Alcoholic Family

In the book The Alcoholic Family Peter Steinglass studied many alcoholic families over a ten year period. He found that alcoholism becomes a central theme that inserts

¹⁹ Subby, 54-55.

itself into almost every aspect of family life. He also describes three different phases of developmental process: early, middle, and late.

In recent years, a more empathetic view of families with alcoholic members has been emerging. Family-oriented clinicians and researchers have drawn on the burgeoning interest in family systems theory and on findings from family interaction research to suggest that families with alcoholic members are highly complex behavioral systems with remarkable tolerances for stress, also occasional bursts of adaptive behavioral inventiveness that provoke wonder and admiration in observers.²⁰

On the surface, some alcoholic families seem controlled and functional. Because of the rigid rules that result from each family member adapting to the alcoholic's behavior, outside appearances would point to the behavior of the alcoholic as the only problem, but the entire family contributes to the disease. In the sea services, families move to many locations, which does not give society time to detect problems in individual family members. The problem can become severe over time, and it is usually not until the service member gets in trouble that the problem is recognized. Yet the family is ignored and the alcoholic gets most of the attention.

Steinglass writes that it is oversimplification to assume that alcoholism is purely physiological. He has found in his research that alcoholism is transmitted across generations, and that family environmental factors play a

²⁰ Steinglass, 8.

major role in the transmission process, despite the diagnostic classification of the alcoholic member.²¹ In other words, families play a major part in the disease process of alcoholism. The following is a four-point family systems model of the Alcoholic Family:

1. Alcoholic Families are behavioral systems in which alcoholism and alcohol-related behaviors have become *central organizing principles* around which family life is structured.
2. The introduction of alcoholism into family life has the potential to profoundly alter the balance that exists between growth and regulation within the family. This alteration most typically skews the family in the direction of an emphasis on short-term stability (regulation) at the expense of long-term growth.
3. The impact of alcoholism and alcohol-related behaviors on family systemic functioning is most clearly seen in the types of changes that occur in regulatory behaviors as the family gradually accommodates family life to the coexistent demands of alcoholism.
4. The types of alterations that occur in regulatory behaviors can in turn be seen to profoundly influence the overall shape of family growth and development—changes in the normative family life cycle that we have labeled "developmental distortions."²²

Steinglass reinforces the notion discussed earlier that rigid rules within alcoholic families make an impressive show of stability to the outside world. Family homeostasis, or morphostasis (Steinglass uses the terms interchangeably) act to balance out the alcoholic family. Rituals develop

²¹ Steinglass, 40.

²² Steinglass, 47-48.

through family celebrations, family traditions, and patterned routines in non-alcoholic families; they are handed down from generation to generation. But in alcoholic families the healthy rituals that should develop center on the behavior of the alcoholic. The alcoholic family often has to work at preserving its rituals in order not to have them disrupted or taken over by alcoholism issues.²³

Steinglass moves from morphostasis to morphogenesis (the family life cycle). Rather than looking at family development as the life cycle of individual family members, Steinglass proposes a family life cycle built around the notion of systemic maturation. He pays particular attention to those observable growth patterns that derive from the unique properties of families as behavioral systems.²⁴ He shows how alcoholism effects the growth process from the early, middle, and late stages:

The types of distortions that are likely to occur at each phase result from the different developmental issues existing at that phase of systemic maturation. During the early phase, when the crucial issues are boundary and identity formation, a skewed approach to these issues is most likely to result in thematic overspecialization as the consequent distortion. On the other hand, during the middle phase, when commitment and stability are the central issues, a family that has developed unusually rigid regulatory behaviors as a result of co-option by alcoholism is likely to resist movement out of that phase. The resulting plateauing of development is a distortion directly attributable

²³ Steinglass, 66.

²⁴ Steinglass, 74.

to the extended stay in the middle phase. Lastly, because loss of alcohol can be a precipitant forcing the family prematurely into late-phase developmental issues, premature developmental closure occurs most frequently during the late phase of development.²⁵

Alcoholism becomes an insidious way of life through the life span of the family, and skews normal maturation of the family life cycle. Families live with alcohol and build it's daily life around alcohol. The family is no longer a family with an alcoholic member; it is now an Alcoholic Family.

Steinglass makes a case for a combination of both genetic and psychosocial transmission of the disease. He states that it is a complex disease, which cannot be diagnosed based on genetic transmission alone. Genetic predisposition should be viewed as a priming factor, a necessary but not sufficient component of the complex process leading to the development of a behavioral disorder like alcoholism.²⁶

Treatment should consider the entire family. To treat the individual alone will not be as successful. If the alcoholic enters treatment, but returns to a firmly established family alcoholic system, he or she will be tempted to play the role of the alcoholic to feel normal. Normally in the military the individual is sent to a

²⁵ Steinglass, 101.

²⁶ Steinglass, 298.

treatment center then returned to the family with no mandatory family treatment. If families were treated with the alcoholic, the alcoholic would have a better chance of maintaining sobriety. Steinglass postulates that treatment be focused on the three phases of family life cycle development. Traditional treatment techniques do not approach treatment with a sophisticated sense of family dynamics or family systems principles. With the above understanding of co-dependency issues, and the findings of a pioneer such as Steinglass, to ignore the dynamics of the family in the diagnosis and treatment of alcoholism would be a great mistake.

Intervention

Since denial is such a common aspect of alcoholic behavior families often endure torturous treatment until they come out of denial. Sometimes the entire family is in denial, and the disease brings the entire family toward death. If the family comes out of denial they can arrest the process of death by intervening in the destructive behavior of the alcoholic. The first person to advocate active intervention for alcoholic families was Vernon Johnson who founded the Johnson Institute in Minneapolis in 1966. The program advocates using the crises of alcoholism by an act of intervention to stop the downward spiral toward death:

We came to understand that crises could be used creatively to bring about intervention. Because,

in fact, in all the lives we studied it was only through crises that intervention had occurred. This led to experimentation with useful methods of employing crises at earlier stages of the disease.²⁷

The intervention involves the entire family. With the help of a trained interventionist, the family members write down how the alcoholic has affected their lives. In a loving and understanding manner, all family members gather with the alcoholic at a specific time and place. Meanwhile the inpatient treatment center is ready for a new patient. The family creates a crises that says to the alcoholic, "We all want you to get help. We have everything arranged." Often the employer is involved and will require alcohol addiction treatment or his or her job will be at stake. Also the non-alcoholic spouse can threaten to leave the alcoholic spouse if the alcoholic does not seek treatment. This crises forces the alcoholic to save his or her life before it is too late. The success rate of the Johnson Institute is 75 percent.²⁸

The only families that can successfully use an intervention program are those families that come out of denial and face the problem. Most alcoholic families have to overcome a major obstacle: breaking the deadly silence and rigid rules that stymie any chance for recovery. Co-dependency is such an insidious problem that families will

²⁷ Johnson, 3.

²⁸ Johnson, 2.

go from generation to generation even without alcohol and have the same symptoms of alcoholic families.

A typical alcoholic family is the Jones family that has an alcoholic mother 74, a co-dependent father 76, one son age 45, and another son 42. The two sons have no children. The 42 year-old son is a married professional. The 45 year-old son lives with a women (not married), and he is a businessman. The 42 year-old son has attempted to confront his father and brother about the prospects of intervention. The father and brother refuse to discuss the problem. Until the father comes out of denial about his co-dependency and the entire family confronts the mother, intervention is impossible. The family system has gone on for so long that rigid rules have developed that make the word alcoholism taboo. Due to many medical problems of the alcoholic mother, like emphysema and liver cirrhosis, the father has attempted to keep alcohol and cigarettes away from the mother. Yet he refuses to believe that his wife is an alcoholic. The mother lives in isolation in that she has lost many of her drinking companions through death and her other two companions: cigarettes and alcohol. She is a lonely dry alcoholic, who has to drink and smoke away from watchful and resentful eyes. This woman needs a support network like Alcoholics Anonymous to help her deal with her losses and her life of alcohol addiction. Her husband needs to break the cycle of denial and recognize that he is part

of the problem if he wants his wife to recover. The family needs to understand the nature of co-dependency and adult children of alcoholic (ACA) dynamics before treatment can take place.

Treatment

Edward Kaufman in the book Substance Abuse and Family Therapy outlines the following seven point integrated approach to treatment:

1. A support system such as AA, NA, or CA to reinforce abstinence.
2. Refusal to treat until the family accepts a system that will stop substance abuse, including hospitalization when necessary.
3. Pharmacotherapy of underlying diagnosable psychiatric problems, using drugs of little or no abuse potential, like tricyclic antidepressants or lithium, not benzodiazepines or sedative - hypnotics.
4. Insistence that the entire family participate in therapy.
5. Al-Anon or significant others groups for the spouse, Alateen or other group for the children.
6. Therapeutic work with the spouse if the drug-abusing partner does not stop. This therapy should consist of a support group as well as individual psychotherapy.
7. A choice of drug-free relaxation techniques, including self-hypnosis, bio-feed₂₉back, yoga, meditation, and aerobic exercise.

Conventional treatment programs (in and out of the military) treat the individual and often fail to consider

²⁹ Edward Kaufman, Substance Abuse and Family Therapy (Orlando, Fla.: Grune and Stratton, 1985), 115.

the complexity of the family system that supports the alcoholic. The alcoholic affects every member of the family; in so doing, the family develops rigid roles that create rigid rules. Healthy families can weather the storms of life because their rules are flexible and will allow for healthy change and growth. Alcoholic families create rigid and unhealthy rules that are unchanging and do not allow for growth--either individual or family.

Rigid family rules create co-dependents; their dysfunction will continue from generation to generation. When children are not allowed to express their emotions they become suppressed, and their emotions and feelings are always ready to effect adult behavior. Dry homes can have all the same problems as wet homes by virtue of co-dependent and adult children of alcoholic behavior. The most proven and reliable treatment involves the spiritually based twelve step programs. Progress can be made when the entire family is involved in treatment. A professional counselor, who understands alcoholic families and the dynamics of co-dependency, acts as a catalyst to help the family come out of denial and do something about the disease.

Most military families can benefit from family therapy. Functional non-alcoholic families will be affected by the lifestyle in the military. From frequent moves alone, the cost of removing children from support systems in school or

from friends is high. The stress caused by this kind of disruption can create similar family problems as in the alcoholic family. Family counseling is available in the military by chaplain programs, Family Service Centers, and through the Champus benefit program. Military commanders should encourage all personnel to take care of their family business first, or it will cause greater problems later when the service member is needed most.

Summary

The family system from which an alcoholic comes is the kingpin around which the alcoholic gets either support or opposition. Military families can play a critical part in the prevention process. Awareness of co-dependency issues, adult child of alcoholic issues, the Child Within, and other systems that create unhealthy and rigid rules and roles, will help potential abusive situations from ever occurring. Training in these areas during mandatory indoctrination classes would go a long way toward changing the sometimes rigid rules that develop in military families. For instance, I knew a single parent female officer who was found unconscious on the floor of her home. Her son was afraid to report the incident until a concerned neighbor came into the home and found her there. Subsequently she was ordered to attend alcohol rehabilitation classes. The military sent her to an alcoholic rehabilitation center and then returned her home. The program is outstanding, but

there is no formal program to get her son into Al-Anon, to help him understand the nature of her disease, and cope with the social problems that are associated with the disease. She will get back into her lifestyle, and the same pressures and rigid family rules and roles will be there that were there before. She does not talk to her son about her disease; he is not allowed to talk to anyone about her problem. He was afraid to tell the neighbors that she passed out on the floor. The military needs to include the dynamic of families in their education and training programs.

With adult children of alcoholics, we know that a person has a 50 percent chance of becoming an alcoholic if one parent is alcoholic and an 85 percent chance of becoming an alcoholic if both parents are alcoholic. Through the awareness that comes from Adult Children of Alcoholics many individuals who would otherwise drink either abstain or curtail their drinking. Most who attend Adult Children of Alcoholics meetings attend because they have come to a realization that their lives have become unmanageable. Sometimes not a drop of alcohol is consumed, but the dysfunction of coming from an alcoholic family continues. With these statistics more education about helping people understand their risk would go a long way in providing the long term systemic change needed to prevent the abuse of alcohol.

CHAPTER 4

Leadership and Alcohol Abuse

People in the second half of life exclusively comprise the leadership of the sea services. With an up or out promotion policy, there are no lower ranking personnel who are in the second half of life. People in the second half of life have completed the formative stages of life. They have firmly held beliefs, and their habits have become anchored in their life styles. When the second half of life is reached, drinking behavior will be firmly established. Young people play hard with alcohol and do not develop the physiological symptoms that a long term abuser has. Long term controlled drinking is indicative of people in the second half of life. How to reckon with an existing alcohol problem in the second half of life, and how this effects the drinking practices of vulnerable young military personnel, are the focus of this chapter.

Leadership must examine its own drinking behavior and provide positive role models. The young enlisted person comes from a drinking society. The peer pressure to drink is overwhelming. The media teaches irresponsible drinking and often (unfortunately) leadership reinforces irresponsible drinking. Sea service personnel live in a closed system where the influence of leaders is like parents. No program will work if the leadership does not provide positive role models. Alcohol abuse prevention must

be targeted to leadership. In my experience as a chaplain, young enlisted and young officer personnel emulate their leaders. Thomas Harford in his article "Situational Factors in Drinking" offers this insight:

An important variable, then, in the use of alcohol by youth is the use of alcohol by adults. Teenagers tend to follow adult models in their drinking patterns. Adult drinking patterns in any community are important predictors of teenage drinking patterns in the same community. Abstinence by parents often corresponds to abstinence by their children and, similarly,¹ between drinking by parents and adolescents.¹

The authority and close supervision of leaders in the military has many parallels with parenting. Most young sea service personnel are still teenagers. Since young people tend to follow adult role models, it logically follows that if leadership would show responsibility in their drinking patterns, fewer young people would be lost to alcohol abuse.

There are many types of drinking behaviors. Casual use and social drinking practices are highly controllable. Sports activities do not have to have alcoholic beverages present. Often, the only sponsors for major sporting events in the military are alcohol companies. Recently, the Commandant of the Marine Corps prevented a beer company from sponsoring a major sporting event. This is progressive thinking and should be made into policy for all sporting events at all levels. There are many traditional military

¹ Thomas C. Harford, "Situational Factors in Drinking," in Prevention of Alcohol Abuse, eds. Peter M. Miller and Ted D. Nirenberg (New York: Plenum Press, 1984), 120.

activities that normally have alcohol present; the option of offering non-alcoholic beverages at all social activities should be mandatory. Alcohol should not be included in the price of an official military social event. Along with those who use alcoholic beverages for casual and social use, there are people who are addicted to alcohol. Their use of the drug is highly structured, and much time is given to planning and coordinating opportunities to drink alcohol. This is a major obstacle in the way of asking leadership to curtail drinking practices. Alcoholics will defend their right to drink more than most other rights. Attention should be given to major systemic changes that will affect the attitudes toward drinking.

Up or Out Policy

It is difficult to treat officers in the second half of life (or all officers) for alcoholism because of the up or out promotion policy. It is fiercely competitive to be an officer in the military in the 1990s. If an officer is passed over for promotion twice, he or she must leave the military. If an officer does not have twenty active duty years of service there are no retirement benefits. There is a small token severance pay that is the only compensation for sometimes up to eighteen years of active duty service. Therefore, if an officer does not make the magic twenty-year mark he or she must find employment with nothing for retirement. In civilian employment, most professionals will

have the opportunity to contribute to a pension plan with company contributions. Most company retirement plans are fully vested by five to ten years of service. If employment ends, a retirement pension is started, and the person can keep the pension and contribute to it at the next job. This is not so with the military. The officer has nothing if his or her career ends early. This makes the environment so competitive in the military that officers will cover any blemish to remain competitive. If an officer has one small blemish on his or her record, especially anything to do with alcohol abuse, chances for being competitive enough for promotion are severely compromised. Treatment for alcoholism is a coffin nail in the career of a commissioned officer. Because of this, alcohol abuse is a highly guarded secret and denial is constant.

Controlled Drinking

I interviewed a chaplain at the Naval Drug and Alcohol Treatment Center at Miramar Naval Air Station. He said that the young drinkers admitted to the alcohol treatment program have less to loose when referred to the program. They are new to drinking and are not aware that they can have problems and are not as concerned with their careers. Admission to the program for some is a right of passage in becoming a man. He stated also that senior enlisted personnel admitted to the program do not suffer adversely in career advancement. He sees more senior enlisted officers

than senior commissioned officers. Any commissioned officer who is admitted to the program will not be promoted beyond his or her present rank. This is not a policy, but the competitiveness under which officers serve will not allow for the slightest blemish in character. This extraordinary paradox profoundly affects the officer. On the one hand, drinking is a highly accepted ritual behavior for male bonding and social acceptance.² On the other hand, if the drinking turns into a problem, officers that drink to excess will want to protect their behavior and will ostracize the problem drinker. They will not want to be associated with problem drinkers to protect their reputation. The officers who can control their alcohol abuse behavior will become experts at controlling their drinking. Because the ritual to drink is a highly important social behavior, controlled drinking becomes pervasive. As controlled drinking is protected, tolerance builds:

As people drink more over days, months, and years, they gradually need to drink more to obtain the same effect. This is called tolerance. Its importance is often exaggerated. A seasoned alcoholic at the prime of his drinking capacity can drink, at most, twice as much as a teetotaller of similar age and health.³

² Women in the sea services comprise less than 10 percent of the total force. In the limited scope of this project it would be impossible to address the dynamics that women bring to the male bonding process.

³ Donald W. Goodwin, Alcoholism: The Facts (Oxford: Oxford University Press, 1981), 13.

Denial

Denial is a major aspect of the alcohol problem in the sea services. When troops are deployed all over the world, it is hard not to head for a local bar for social needs and entertainment. After many long months of isolation aboard a ship or in a desert or in a war, a bar provides comforts that are hard to resist for many lonely men far away from home. Drinking is the easiest thing to do. It provides instant gratification and camaraderie. If drinking is done to excess, and the drinker has the slightest notion that there could be a problem, this would compromise everything for which the officer has worked so hard. To admit to a drinking problem would be to admit to failure and the possible loss of a career. It is easier to deny that there could be a problem than to admit it. If the officer desires to keep his or her career, seeking help that is paid for by the government is not an option. To seek private treatment is an option, but this is costly and if discovered could compromise the career. It is easier to deny that there is a problem.

Zero Defect Mentality

Because of the competitiveness of commissioned officers, performance must be nearly perfect. Officer fitness (evaluation) reports cover almost every aspect of the officer's life--from his or her ability to lead, to personal character. If there is a character flaw (alcohol

abuse could be considered a character flaw, though it is a disease) this is not looked upon lightly. Zero defects means that mistakes cost careers. A drinking problem is a defect and perfect officers do not have defects. An officer must cover up the problem at any cost. Being perfectly under control when drunk is preferable to thinking that one is abusing alcohol. Admitting to a drinking problem could cost a career. A commissioned officer has every opportunity to enter rehabilitation, which is cost effective for the military, but to do so will normally stop opportunities for promotion.

Etiology of Alcohol Abuse

Alcoholism is a progressive disease that begins early in life and manifests itself fully with physiological problems normally in the second half of life. Officers in senior positions (by virtue of their age) will either have alcoholic problems or not have them:

The "typical" white male alcoholic begins drinking heavily in his late teens or early twenties, drinks frequently throughout his twenties, starts having serious problems in his thirties, is hospitalized for drinking (if ever) in his mid or late thirties, and is clearly identified by himself and others as alcoholic, a man who cannot drink without trouble-between age 40 and 50. Men, with rare exceptions, do not become alcoholic after 45. There is an 'age of risk' for alcoholism, as for most illnesses, and if a man has no symptoms of alcoholism by his late-forties, he probably will develop none. The illness ends by death from suicide, accident, or medical illness-or by cessation of drinking. Few

alcoholics return to social drinking.⁴

This is a significant finding. It would be easy to treat military officers with alcohol problems if the threat to career advancement did not exist. Because alcohol is associated with having fun, to conclude that one contracts a disease from having fun is not logical. There is a stigma associated with alcoholism that prevents it from being thought of as a disease. Treatment for alcoholism is thought of more as a character defect than a medical problem. From the complexity of reasons that can influence alcohol abuse we must refrain from blaming the one person in eight who catches the disease. Donald Goodwin in his book Alcoholism: The Facts offers these conclusions:

Alcohol abuse is associated with fun, which makes the disease model difficult to accept. One reason people, including doctors, have trouble viewing alcoholism as a disease like cancer is that alcoholism is associated with having fun, and fun is not usually associated with disease. (Where does that leave syphilis? Is sex less fun than drinking?). . . .The point is this: why or how a person 'catches' a disease is not relevant. If some 'self-indulgent' people enjoyed lead and ate it like popcorn, this would not change the diagnosis of lead intoxication. Diseases are known by their manifestations as well as their causes, and why alcoholics drink is irrelevant to the diagnosis of alcoholism.⁵

Further, in the book Alcohol and Your Health, Louise Bailey Burgess writes about the disease model of alcoholism:

⁴ Goodwin, 48.

⁵ Goodwin, 33.

Alcoholism is a complex, progressive disorder; it creeps up on its victims and grows more virulent year by year. If not treated it ends, with few exceptions, in permanent mental damage, physical incapacity or early death. The chronic alcoholic has a physical and psychological dependence (addiction) on the drug alcohol. He can't stop drinking once he's started, even though alcohol is destroying his life.⁶

Gillian Leigh, in an article entitled "Psychosocial Factors in the Etiology of Substance Abuse," proposes that there are many reasons for the etiology of alcohol abuse. These range from the availability of the product and the means to buy it to the more complex issues of family, social, and personality interactions. She gives following breakdown of factors that influence individual drinking practices:

1. Biological: biochemical, genetic, physiological
2. Intrapersonal: developmental, personality, affect and cognition, sex differences
3. Interpersonal: social, familial
4. Environmental: conditioning, learning, life events
5. Cultural: customs and mores, attitudes and social policy⁷

Prevention

The military cannot control all of the above reasons

⁶ Burgess,

⁷ Gillian Leigh, "Psychosocial Factors in the Etiology of Substance Abuse," in Alcoholism and Substance Abuse, eds. Thomas E. Bratter and Gary G. Forrest (New York: Free Press, 1985), 3.

for the etiology of alcohol abuse; though some it could significantly effect. Most of the prevention literature suggests that there are limited ways in which to prevent alcohol abuse problems. Stopping people from drinking is nearly impossible, but to carry out the preventive interventions listed in this project would not be beyond the military's ability. We have to accept that drinking is a part of our culture. With the tremendous responsibility of military personnel we cannot afford to let preventable alcohol problems destroy military personnel.

Peer Pressure

Identification with the military is all encompassing for most career officers. There are many parallels between the military and the corporate image that many try to uphold. This comparison is made because of an article that is a poignant example how the corporate image may be lethal to the acceptance of alcoholism and the recovery process. David Machell from the Department of Justice and Law Administration, Western Connecticut State University, wrote an article titled "The Lethality of the Corporate Image to the Recovering Corporate Executive Alcoholic." He makes several salient points about how the very image that has to be maintained as a corporate executive works to deny feelings that must be dealt with before recovery from alcoholism can take place. This process is also true for the alcoholic who is in denial and refuses to accept an

alcohol abuse problem. For instance:

Anger - the expression of anger may be necessary to overcome certain internal feelings in the alcoholic, but may not be compatible with the image. After a while, the alcoholic employee may "disregard" any feelings perceived as not compatible with the corporate image and may become afraid to express anger during work involvements: the disease of suppression is perpetuated. The fear of releasing anger may develop into a fear of releasing feelings, and may generalize into other social aspects of the person's life.⁸

The same process of suppressing vital feelings to maintain the corporate image is employed for charm and euphoria. Charm is of value to the corporate image and is positively reinforced to the continued denial of the inner feelings. Charm, with the euphoria, helps to create the personal facade that everything is wonderful. This denies inner feelings and the person may feel false, diminishing feelings of self-esteem. According to the article, expressions of charm and grandiosity cover up feelings of shame. Expressions of aggressiveness and righteousness cover up feelings of guilt. Expressions of compulsive-obsessiveness, euphoria, and perfectionism cover up feelings of pain.⁹ The expressions that the corporation (or the military) needs to maintain its image can be used as smoke screens or vices to the alcoholic to cover up feelings that are vital to the recovery or acceptance process.

⁸ David F. Machell, "The Lethality of the Corporate Image to the Recovering Corporate Executive Alcoholic," Journal of Alcohol and Drug Education 36, no. 1 (Fall 1990): 4.

⁹ Machell, 3.

The only way in which to change the stiff requirements of maintaining the proper image and discouraging alcohol abuse is a long term systemic educational process. Awareness of alcohol abuse problems must become a priority in the sea services. When the system changes, some of these problems can be dealt with. There is no simple answer other than continued awareness building and open attitudes.

Cohort Attitudes Toward Treatment

When senior leadership in the military find themselves having alcohol abuse problems or having to deal with their subordinates problems, the way in which they manage alcohol problems could be shaped by their attitudes toward alcohol. Movies they saw when they were teenagers helped to shape their attitude. In movies of the past, will power and mutual help were major ways in which alcoholics overcame the problem. The disease model of alcoholism, and the spiritual component were rarely portrayed in films as factors in alcoholism recovery. Robin Room from the Alcohol Research Group, Institute of Epidemiology and Behavioral Medicine, Medical Research Institute of San Francisco conducted a survey of films that were popular during the youth of the most senior leadership of the military. The following facts were discovered:

At least 34 Hollywood films were made between *The Lost Weekend* (1945) and *Days of Wine and Roses* (1962) with an alcoholic as a major character; six depicted an Alcoholics Anonymous - like self-help organization. Presentations of Alcoholism's origin as mysterious competed with psychodynamic

interpretations and situational explanations, often in the same film and sometimes concerning the same character. Will-power and mutual help were each frequently shown as paths to recovery, whereas neither professional treatment nor AA's spiritual side were often shown. For the women alcoholics (17 of 39 depicted), drinking went with sexuality, but for men it replaced it.¹⁰

Today's senior military leadership is in this cohort. If this attitude in this cohort seems natural, they may not seek out the help they need for themselves or others. Also they will be less inclined to support the value of the twelve step program and its spiritual component.

To Drink or Not to Drink

There are many debates and arguments about whether we should drink alcohol at all. Alcohol has been with us for most of recorded history. It is firmly imbedded into the fabric of our lives. Given the overwhelming evidence of the negative medical consequences of drinking one should weigh carefully the decision to drink or not to drink. Louise Bailey Burgess writes:

Evidence shows that every time a drink is taken even the moderate imbiber may incur some loss of irreplaceable brain cells. There is also strong scientific medical information that alcohol-created sludge can deleteriously affect other parts of the human body, including the eyes. This data was the result of experiments at the Medical University of South Carolina by Professor Melvin H. Knisely and his associates, Drs. Herbert

¹⁰ Robin Room, "Alcoholism and Alcoholics Anonymous in U.S. Films, 1945-1962: The Party Ends for the 'Wet Generations,'" Journal of Studies on Alcohol 50, no. 4 (1989): 368.

A. Moskow and Raymond C. Pennington.¹¹

Dependent drinkers and alcoholics run eight times the normal chance of being afflicted with cirrhosis of the liver. Many medical authorities, including Dr. Stanley E. Gitlow of the Mount Sinai School of Medicine, declare alcoholics are highly vulnerable to ulcers, chronic pancreatitis, gastritis, and complications affecting their blood and bone marrow. Heart disease, said Dr. Gitlow, may also be more common among alcoholics: "Alcohol diminishes cardiac function and increases blood fats, cholesterol, and blood pressure . . . Dr. Leon Greenberg of the Rutgers Center for Alcohol Studies insists that heavy drinking takes its toll on the human system. "Alcohol is an irritant," he said, "and every time someone takes a couple of martinis, he's whacking the inside of his stomach with a board."¹²

Even with this kind of knowledge about the effects of drinking alcohol, it is still used as a social lubricant and cultural necessity. It is so firmly entrenched in our culture and economy that it is here to stay. To combat the destructive effects of this national crisis one answer is voluntary abstinence. Some balk at the suggestion a sip of wine with dinner can be harmful, but with the current medical evidence available no wine with dinner is better than even a sip. When there is a history of drinking in a family, the chances are far greater of having alcohol abuse problems than those who come from non-alcoholic families. This should be a warning for anyone who desires to play Russian roulette with alcohol:

¹¹ Burgess, 130.

¹² Burgess, 138-39.

Up to a point the chemically dependent person does have a choice-he or she needn't ever start to drink. Certainly this is so for children of alcoholics, for it is known that if one parent is chemically dependent, there is a 50 percent chance one of the offsprings will have difficulties with alcohol; if both parents are dependent, the chances are 85 to 90 percent that all children will have problems because of drinking.¹³

Alcoholism and Sexuality

Alcohol has an effect on the brain that is closely associated with sex. The temporary euphoric feeling has many parallels with a love affair--a love affair with alcohol:

Alcoholism is a disorder of the total person. In this respect, alcohol addiction directly influences and affects the sexuality and sexual behavior repertoire of the alcoholic . . . Alcoholics are people who have never learned how to effectively manage the many issues associated with their sexuality.¹⁴

With many separations from family in the military, personnel in the second half of life are subjected to situations that would challenge most people. Life at sea can be lonely. Living quarters are cramped on a ship. Normally, the absence of women often makes living arrangements somewhat uncivilized. Problems from separation from the family can exacerbate the situation. When the ship pulls into a port, two temptations present themselves that are abundant and highly organized to suit the needs of

¹³ Apthorp, 61.

¹⁴ Gary G. Forrest, Alcoholism and Human Sexuality (Springfield, Ill.: Charles C. Thomas, 1983), 9.

sailors: sex and alcohol. Sailors are at risk, not because they are weak, but because they are human and vulnerable from the confined and normally all male living arrangements on ships:

Feeling shy, inadequate, and socially inept, the male alcoholic often learns that he can approach women while under the influence of "a few" drinks. Such an individual can acquire an alcoholic identity, which includes dating, dancing, sexually assertive and aggressive behaviors, and any number of other extroverted behaviors. This identity and the behaviors that appear to be fundamental to its maintenance are tenuous at best. This identity is not reality oriented. During the middle and later stages of chronic alcoholism, identity begins to crumble or defuse. At this juncture, the male alcoholic may find himself impotent, due to the physical and psychological effects of chronic intoxication.¹⁵

What is billed in our society and in the media as sex enhancing behavior will in the end destroy healthy sex. This is an important notion to ponder for men in the second of life. The normal progression of changes in the psycho-sexual aspects of the second half of life will be arrested with heavy use of alcohol. It is difficult to say with any definitiveness whether light to moderate use of alcohol during the second half of life will arrest normal psycho-sexual changes, but from evidence herein presented it would be prudent to be safe rather than sorry and avoid alcohol entirely.

Voluntary Abstinence

Voluntary abstinence seems like an impossible dream,

¹⁵ Forrester, Alcoholism and Human Sexuality, 21.

but this notion should be given serious consideration. We can control drinking related problems by raising the minimum legal drinking age to 21, increase alcohol taxes, increase the enforcement of drunk driving laws, and implement environmental safety measures to reduce the incidence of alcohol related trauma. We also can raise awareness about the dangers associated with experimenting with this deadly drug. Voluntary abstinence should be given every social consideration.

Prohibition did not work. The prohibition period in the United States did not last for long. It was impossible to control. The Volstead Act, providing the enforcement machinery for the Eighteenth Amendment, was passed over President Woodrow Wilson's veto in October of 1919. Prohibition went into effect January 20, 1920; saloon keepers at midnight disposed of their wares, some emptied beer kegs into the gutters. Due to impossible enforcement, on December 5, 1933 repeal followed with the Twenty-first Amendment to the Constitution. Prohibition was not controllable. Rampant underworld figures started controlling huge amounts of money--not unlike the illegal uncontrollable drug problem we have today. Prohibition did not work, but there were positive effects to prohibition that are evidence that less alcohol consumption and possibly voluntary abstinence would be a positive move toward a saner world:

A survey of institutions in his state by Henry W. Frannam, Professor of Economics at Yale, found that the number of prisoners in Connecticut jails charged with drunkenness fell from 7,314 in 1917 to 943 in 1920. The nation's auto death rate decreased 40 percent. Dr. H.M. Pollock, statistician for the New York State Hospital Commission, wrote; "In its mental disease record, in its crime record, in its drunkenness record, the year 1920 stands without an equal in the recent history of the country."

[According to the U.S. Public Health Bureau data]: During the prohibition era the death rate from cirrhosis per 100,000 declined from a year average in the pre-prohibition years - (1900 through 1917) - of 13.11 to a prohibition yearly average - (1920 through 1932) - of 7.27. By 1965 the cirrhosis death rate had risen to 12.5, indicating a 57% increase in the use of alcoholic beverages (after prohibition).¹⁶

It is obvious that less alcohol consumption would not only improve disciplinary problems in the military, save money, reduce accidents, and save families, it also would cost society much less in every economic and social arena that exists. Voluntary abstinence would supplement greater enforcement programs listed above. Voluntary abstinence for those who are not alcoholic but who drink socially will not only improve the physical well being of people in the second half of life, but encourage younger people not to drink.

During the most recent war in the Persian Gulf, military personnel were not allowed to drink because alcoholic beverages are strictly prohibited in that Muslim country. In an article in the Los Angeles Times, Tracy

¹⁶ Burgess, 152.

Wilkinson writes about the behavior of military personnel:

In fiscal year 1989, a time of peace, seventy one courts-martial per 10,000 troops were recorded, compared to three and one half per 10,000 troops participating in the Persian Gulf War, according to the central command.

The factor keeping the men and women in line that is cited most frequently by most officers is the absence of alcohol in this Muslim country. All alcoholic beverages are strictly prohibited "I tell you, no-drinking solved a whole lot of problems," said Lt. Gen. Peter de la Billiere, commander of the British forces here, echoing sentiments expressed throughout the allied leadership.¹⁷

Summary

As we progress into the year 2000 the world is becoming a more difficult place in which to live. It takes more education and training to be qualified for a job. Jobs in the military and in the civilian sector are becoming more complex. Transportation and communication have changed the way we live; it has made our lives highly stressful. We live in the age of anxiety. It is easy to take a drink of alcohol to deaden the stress and anxiety caused by such a world. Temporarily, all our troubles seem to go away. We have come to accept this highly addictive drug as a friend; the drug has become firmly imbedded in our culture sociologically, financially, and psychologically. Alcohol is not a friend. Alcohol is a deadly drug; one in eight Americans will die of this drug. Alcohol abuse makes our complicated world become even more complex from the myriad

¹⁷ Tracy Wilkinson, "GI's Behavior in Gulf Called Good," Los Angeles Times, 29 March 1991, A10.

problems that it causes.

The military (by the nature of its design not necessarily its intent) provides leadership that is fast replacing the parental role. Leadership must examine its use of the drug alcohol because young people are being shaped by the parental role models of the leaders in the military. Though the military is no different from the civilian sector concerning cultural encouragements to drink, the circumstances to drink can be higher in the military because of the increased stress and opportunities to drink. Most personnel in the military are single men between the ages of 18 and 24. This is a vulnerable and highly susceptible group of potential alcohol abusers. There is a difference between the kinds of drinking that this young group does than the more senior enlisted and commissioned officers. Junior personnel want to drink to get drunk and have fun. Age and several other factors change the character of the mature drinker and the dynamic is different. Thrill seeking is over for senior drinkers, and a long-term drinking pattern becomes a part of their life style. The habitual user gets into a routine that makes drinking more of a permanent way of life as opposed to seeking new thrills. The cost of getting caught is greater, so the mature drinker will conceal drinking problems and be in greater denial over his or her drinking. Even if the mature drinker is a casual user, the effect of this role

model will be a lasting one on younger potential alcohol abusers.

CHAPTER 5

The Denial of Death

Death in America is an enigma. On one hand, the media glorifies death. Television programs and movies through the years have simulated millions of deaths for the entire family to watch. We see hair raising car chase scenes where the main characters never die. Violence and death in movies earn box office bonanzas. Routinely, people kill each other during prime time television. Death never really happens to us; it is make believe. On the other hand, when we have funerals, we embalm our dead and create the impression that we are not dead at all but preserved forever. Fragrant smelling flowers are everywhere and special places are set aside for the peaceful dead to live in the ground forever. The whole dichotomy equals denial over a major reality of the life cycle.

When a teenager drinks the same denial process is alive. Alcohol is glorified by advertising and peer pressure, and young people think that drinking will not kill them. Death is all make-believe. It is a sad fact that drunk driving is the number one cause of death for teenagers (and members of the military). There are certain factors in the denial of death that are unique to teenagers because of their age, but adults who drink regularly are also flirting with death. Recent literature points to the tragic consequences of even moderate drinking. The human organism

was not built to process the drug alcohol without adverse effects. The cultural attitude we have in our society toward death shapes our use of drugs that can kill. Our society has a cavalier attitude toward the use of alcohol even in the face of evidence that alcoholism leads to death. According to the Johnson Institute: "Alcoholism, left untreated, leads to death. The most significant characteristics of the disease are that it is primary, progressive, chronic, and fatal."¹ It is a highly addictive drug; if it were discovered today it would be a controlled prescription drug. Alcohol is ingrained in our culture. It is here to stay. Stephen Apthorp in the book Alcohol and Substance Abuse offers these facts:

One in eight Americans is an alcoholic. One hundred twenty million Americans drink. Each one of these alcoholics has a damaging effect on three to four other people. Except for cancer, alcohol is the leading killer in the U.S. According to the National Conference on Alcoholism, it is involved in:

- 80% of all fire deaths
- 65% of all drownings
- 60% of all teenage highway fatalities
- 55% of all physical fights in the home
- 55% of all arrests
- 50% of all fatal car accidents
- 46% of all divorces
- 40% of all problems brought before probate courts
- 40% of all assaults
- 36% of all pedestrian accidents
- 35% of all rapes
- 30% of all suicides²

¹ Johnson, 1.

² Apthorp, 8.

Knowing this why do we deny that alcohol kills?

Because we do not believe that alcohol will kill us. Just as we are in denial about death per se, we are in denial about behavior that leads to death. Because our society is in denial over the reality of death, it condones behavior that will end life or make life so miserable that death would seem preferable.

How are we in denial over death? Death is made to be believed. Death happens only on television. Death also is removed from our lives by the modern funeral industry. We no longer mourn over our dead in the living room. People live longer, and infant mortality is lower than at any other time in history. We do not as often come into contact with children dying from childhood diseases. Our parents usually live until they are retired, so we do not as often see our parents die. When people die they normally die in a hospital. Few people die at home in this day and age. We do not normally come into personal contact with death. Charles A. Corr, Professor of Philosophical Studies at the University of Florida writes:

People in our society are increasingly likely to be born, grow to maturity, and have children of their own without ever witnessing the natural death of a close relative or friend. This situation is unique in contrast with the experiences of other peoples and of other times in the history of our country.³

³ Charles A. Corr, "Reconstructing the Changing Face of Death," in Dying: Facing the Facts, ed. Hannelore Wass (Washington, D.C.: Hemisphere Publishing, 1979), 8.

Unexpected Death

Most personnel in the sea services are single men between the ages of 18 to 24. This is, coincidentally, the group that has the highest record of alcohol abuse-related car accidents. Apthorp writes about the toll of unexpected deaths that occur in this country alone from alcohol abuse:

Disregard for the toll the disease takes on human life is illustrated by the fact that in the ten years of the Viet Nam war (1961-1971), though 45,000 U.S. soldiers were killed by the enemy, 274,000 U.S. citizens died in automobile crashes involving alcohol. That is 27,000 per year, or 75 citizens a day. The fatal accident rate has not decreased.⁴

In an eerie volume, The Twentieth Century Book of the Dead, Gill Elliot has estimated that there have already been 110 million unnatural deaths in this century.⁵ We have developed and witnessed the use of systems of mass genocide in World War II--Auschwitz. We have developed and witnessed the use of the atomic bomb in Hiroshima and Nagasaki. Hannelore Wass states that "the majority of deaths occurring this century have been through various privation techniques (ghettos, prisoner-of-war and labor camps, sieges, dislocations, etc.) than through the direct use of bombs, guns, and other weapons."⁶ Death is further removed from

⁴ Apthorp, 54.

⁵ Gill Elliot, The Twentieth Century Book of the Dead (New York: Bantam, 1976), 6.

⁶ Hannelore Wass, ed., Dying: Facing the Facts (Washington, D.C.: Hemisphere Publishing, 1979), 19.

our lives by the unthinkable number of deaths that occur by unnatural means. Since an ordinary mortal cannot comprehend this, it is mandatory for survival to deny that unnatural death exists for millions. We do not live as if unexpected death is rampant. We flirt with death every time we take a drink. We almost plan to die when we drink and drive, but we never think that it will happen to us. Robert Kastenbaum tested 260 high school students in a medium-sized Southern California community. They cooperated in an exploration of adolescent death attitudes. A noteworthy finding is that the adolescent lives in an intense present; now is so real to him that both past and future seem pallid by comparison. "Everything that is important and valuable in life lies either in the immediate life situation or in the rather close future."⁷ This exacerbates the adolescent attitude toward alcohol abuse. To feel the present with no regard for tomorrow makes alcohol use attractive.

Slow Death

Alcohol slowly destroys the physiological workings of our bodies. Ruth Segal and Barry V. Sisson write about the medical complications from alcohol use:

Ethanol exerts its toxic effects on virtually all organ systems. Carried by the bloodstream, it passes the blood-brain and placental barriers and is dispersed into all tissues in relatively uniform concentrations, with the significant

⁷ Robert Kastenbaum, "Time and Death in Adolescence," in The Meaning of Death, ed. Herman Feifel (New York: McGraw-Hill, 1959), 104.

exception of fat or adipose tissue. Those organs with the highest rate of circulation receive a greater uptake of alcohol and therefore tend to sustain greater impact or damage. Furthermore, the more highly specialized tissues are more susceptible to toxic effects and are affected earlier and more profoundly than less highly developed cells, where the functional threshold is less critical. It is not surprising, then, that organs such as the brain, liver, peripheral nerves, pancreas, and endocrine glands show early and serious impairment. They sustain this damage in proportion to the BAC [blood alcohol level] and the frequency and duration of their exposure to alcohol.⁸

The alcoholic in the second half of life often suffers a slower less violent death because drinking has become controlled. The toll that the habitual user pays for even moderate drinking can be high. Often the toll paid is by organ failure. The toll also could be sociological--failed marriage, relationships, or a job. Car accidents happen less frequently among older alcoholics, but slow death occurs more often. The older alcoholic is also in denial over his or her impending death. Death will usually happen more slowly in the older alcohol abuser, but the result of alcohol abuse is the same for the older and the younger person. It usually happens more quickly and more violently for the younger drinker.

Western Understanding of Death: Denial

The Christian concept of immortality colors the reality

⁸ Ruth Segal and Barry V. Sisson, "Medical Complications Associated with Alcohol Use and the Assessment of Risk of Physical Damage," in Alcoholism and Substance Abuse, eds. Thomas E. Bratter and Gary G. Forrest (New York: Free Press, 1985), 145.

of death by implying that we live forever. The concept of an after-life can obfuscate the reality of death. "The Judaeo-Christian, Islamic beliefs about the after-life are in contrast to the Eastern faiths that stress rebirth - in which death is conquered by going beyond heaven, and by attaining a purified peace here and now."⁹ Immortality and eternal life are powerful images that are stressed in the Judaeo-Christian heritage. This image of everlasting life subconsciously permeates America and elevates the notion that we will not die.

Christian Immortality

Victory over death and fear of death are two constant themes in the Bible. It was a fascination with death that catapulted the Christian message throughout the world. It was the claim of the apostles and prophets that a crucified king held the keys of death that aroused both irresistible enthusiasm and implacable hatred. Paul Minear in an article titled The Death of Death uses examples from Earnest Becker's book The Denial of Death to illustrate how Christianity has helped to deny the reality of death:

The Christian world picture could take cripples, imbeciles, slaves, the simple and the mighty and make them all secure heroes, simply by taking a step back from the world into another dimension of things, the dimension called heaven. . . .

All this has changed. The Christian option ceased to be viable as soon as "man no longer had

⁹ Arnold Toynbee et al., Man's Concern With Death (St. Louis: McGraw-Hill, 1968), 115.

God." God has become "no more than an abstraction," an illusion that "has reinforced the regressive transference into a more choking bind."

By such statements I believe Becker is accusing contemporary Christianity of becoming a chief source of communal self-deception in denying the realities of death.¹⁰

To illustrate further how the Christian world picture has helped us to deny the reality of death, consider these images from the Bible:

. . .the death he died, he died to sin. . . .¹¹

. . .sin revived and I died.¹²

I die every day!¹³

. . .death is at work in us, but life in you.¹⁴

. . .everyone who lives and believes in me will never die.¹⁵

This is the second death. . . .¹⁶

. . .him who stands ready to judge the living and the dead.¹⁷

. . .light to those who sit darkness and in the

¹⁰ Paul S. Minear, "The Death of Death," Drew Gateway 54, no. 1 (1983): 17-25.

¹¹ Rom. 6:10 All Bible references are from the New Revised Standard Version.

¹² Rom. 7:9

¹³ 1 Cor. 15:31

¹⁴ 2 Cor. 4:12

¹⁵ John 11:26

¹⁶ Rev. 20:14

¹⁷ 1 Pet. 4:5

shadow of death. . . .¹⁸

. . . death exercised dominion from Adam to
Moses. . . .¹⁹

Whoever does not love abides in death.²⁰

Put to death, therefore, whatever in you is
earthly. . . .²¹

. . . we have been united with him in a death like
his. . . .²²

I was dead, and see, I am alive forever. . . .²³

. . . if we die, we die to the Lord. . . .²⁴

"The Gospel can all too easily become an immunity system repressing the fears of death and encouraging hypocrisy and self deception."²⁵ We have misinterpreted the meaning of death in the Bible. The Christian message tells us that there is meaning to life; death is the absence of that which gives life meaning. We have concentrated on the theme of death over the hope of meaningful life on earth. Life after death has become more important than life before death. God wants us to have a meaningful love filled life

¹⁸ Luke 1:79

¹⁹ Rom. 5:14

²⁰ 1 John 3:14

²¹ Col. 3:5

²² Rom. 6:5

²³ Rev. 1:18

²⁴ Rom. 14:8

²⁵ Minear, 24.

while we are alive. The concentration on life after death in the Bible has only caused us to deny life and glorify death. God would want God's people to suffer on earth when they can eliminate suffering. "Whenever we let the Gospel be the Gospel it makes contact with elemental hungers and universal fears."²⁶ Any elemental hunger and universal fear will be the object of capitalistic gain in our society. So the very message of the Gospel that should give meaning to our lives, by contrasting life with death, has been twisted throughout history to help create a society that denies death. Reasons are complex for the denial process to flourish. In our capitalistic society, money can be made if death is denied. Alcohol is a highly profitable item.

Becker holds that we are afraid not only of death but of life. Because of our fear of death we tend to make ourselves into mini-gods by having control over the universe; this makes us feel as though we are not dependent on the finiteness of the world but can have some control over our destiny. We are afraid of life because the world in which we live is so awesome, unjust, and cruel we block it out just to survive. "Thus for Becker the main motive in human life is to reinforce the repression of our fear of both death and life by heroic projects that reassure our self-esteem and reflect our narcissistic aspiration to be

²⁶ Minear, 24.

causa sui gods."²⁷ To take a drink is to be like a god; for a moment the world is not frightening; we are in control; the world is ours; we are immortal; we will never die.

Death in the Media

A newspaper headline reads that a Boeing 747 airliner crashes and 300 people die instantly. We read this not too unusual story in the newspaper or hear it on television while eating an English muffin for breakfast. We may not even stop putting the butter on our muffin or we will be late for work. We may intellectually think about the accident as a terrible calamity. On another page of the paper we read about a war that kills countless innocent civilians. On another page we read about a gang style shooting or rape, or a shooting on the freeway. We may even read about thousands of starving children dying each day in Bangladesh. When we leave the house for work, we forget these atrocities, because we will see similar headlines tomorrow morning. We have become anesthetized to the magnitude of the suffering in world. Violence and death make the headlines. We have limited capacity to comprehend the meaning of the violence in the world. To survive the information overload of which we all are victims, we deny it. We deny the violence we inflict upon the earth, the violence of disease, the violence of war, the violence of

²⁷ Donald Evans, "Ernest Becker's Denial of Life," Religious Studies Review 5, no. 1 (Jan. 1979): 26.

senseless killing, the violence of poverty, and the violence of the torturous pangs of hunger.

Death has been throughout history portrayed in drama, literature, legends, and poetry. It has been the central event in an important story that represents true life. In today's media, death has taken on a strange new place:

It is said, for example, that before age 20, children in our society witness some 20,000 deaths of various sorts on television. However, this kind of death has very special qualities. It is usually incidental to the plot or is the fate of lesser characters who do not merit our full attention or concern; rarely does it apply to the central figures of the story who need to remain alive simply in order to be able to return for next week's episode and who are subtly portrayed as too important to die.²⁸

Death is fantasized and made trivial for the benefit of the advertising industry by the products that they sell, and the jobs that we have to make to buy the products. Our society needs to capitalize on the drama, intensity, and excitement of death simply to sell its products--we are the victims. Death becomes a fantasy. The scientific evidence is available that alcohol is a highly addictive substance and that it kills people; but since death is mostly a fantasy, the temporary pleasure of alcohol consumption seems worth the experience.

Recently the war in the Middle East was a graphic example of thousands of deaths occurring in the short span of about six weeks. The world learned about this war by the

²⁸ Wass, 18.

media with as much accuracy as possible given the government restrictions on reporting the war. America never saw a bomb drop on its own soil nor did most of the world. The terror was intellectualized in minds of most world citizens, except for the people and families in the Middle East who felt and heard the bombs and saw those who died in the war. The rest of the world read about the war or saw it on television. Death is an intellectual fantasy.

The Death Business

We have delegated to the funeral industry a takeover of the business of death. The practice of embalming makes the dead look alive so we can pay our respects to the alive looking dead person. As a chaplain in a hospital I never heard a doctor use the phrase, "The patient has died." The patient has "expired" or "passed away" were more commonly used expressions for the patient has died. Philippe Aries writes in an article titled "Death Inside Out":

The idea of making a dead person appear alive as a way of paying one's last respects may well strike us as puerile and preposterous. As is often the case in America, this practice is part and parcel of a syndrome that includes commercial interests and the language of advertising. But it also testifies to a rapid and unerring adaptation to complex and contradictory conditions of sensibility. This is the first time in history that a whole society has honored the dead by pretending that they were alive.²⁹

²⁹ Philippe Aries, "Death Inside Out," Hastings Center Studies 2, no 2 (May 1974): 16.

For our dead we embalm the body, exhibit the body in a funeral parlor visited by friends and relatives with flowers, music, solemn obsequies. Finally, interment occurs in a cemetery that looks like a park. We embellish our cemeteries with monuments to the dead that can be visited forever. I do not mean to denigrate the well meaning relatives of the dead who spend fortunes on their dead loved ones, but they are deceived into thinking that the more they spend on the dead person the more they loved that person:

Funeral directors often argue that open coffin viewing has a salutary psychotherapeutic affect on confirming the reality of death. Also, it is contended that a "beautiful memory picture" is desirable and valuable for the survivors. And extended viewing periods are said to be mandatory in a society in which relatives and friends must come from great distances. Thus the popular claim is that funeral practices in our society are primarily intended for the living.³⁰

Modern funeral practices are, like the alcohol industry, and the entertainment and news industries, firmly imbedded into our culture to the point that the profit motive shapes the way in which we view death. The more frightened we are of death, the more money can be made to assure us that death will never happen.

Coping

"The world is a global village," says Marshall McLuen. Because of our communications and transportation technology in one sense the world seems smaller. Since we know

³⁰ Wass, 61.

everything that is occurring in this village, we do not have the mental ability to cope with the immensity of it all. How can an ordinary mortal cope with the reality of 30,000 American people dying of highway-related automobile accidents yearly (90 percent caused by drunk drivers)? It is too much to comprehend. It is nothing because thousands of people die of Acquired Immune Deficiency Syndrome (AIDS) each year in America, and thousands of children die of starvation every day. To cope with this, it is easier to deny the reality of death and live as if death does not exist or that death is a fantasy. Our religion confirms this notion, and we then can more easily cope with it all.

The Future

As the population of the world gets bigger so do the problems of the world get bigger. As technology advances faster and better systems of mass destruction also advance. To cope with the increased stress that this causes, the denial of death will increase as the world progresses. If alcohol continues to stay ingrained in many cultures around the world, death from this drug will increase. Arnold Toynbee writes about how things have changed in the history of the human race.

Since 1945, the human race has been living under a threat of extinction that had not hung over it since man definitively got the upper hand over all other large beasts of prey on this planet. This happened perhaps about thirty thousand years ago, and, at that date, human beings can hardly have been conscious of the danger of extinction from which they were

liberating themselves. Today, on the other hand, they are fully aware of the threat; they know that it comes now from themselves; and they also know that it is a far more formidable threat than the previous threat of extinction by sabre-toothed tigers, and even than the recently eliminated threat of extinction bacteria (a threat that man may be going to revive in the form of bacteriological warfare).³¹

We cannot look to the past for answers to the problem of our death denying society. Perhaps the death toll will become so out of control that we will come to a new understanding of ourselves. The year 1945 was not that long ago considering the millions of years that humankind has inhabited the earth. Before World War II, 80 percent of the population of the United States lived on farms and in rural areas; after World War II 80 percent of the population lived in the cities. Technology has mushroomed rapidly in the last fifty years, yet we are all farmers living amidst an electronic chess board of life, where at the whim of a political leader or movement the earth can be destroyed in about twenty minutes by the push of a button. No one wants to think about this because we do not have the emotional coping skills to understand the magnitude of the horror we can inflict upon ourselves. It is impossible not to deny where we are headed if one wants to enjoy life at all. We cannot solve this large systemic problem with answers from the past. Things are different than they used to be.

³¹ Toynbee, 151-52.

Our grandparents had a larger, functioning, extended family, embedded in the nexus of an active and communicating community of kinfolk, which could provide mutual support in the event of the loss of any one member. The high infant mortality rate and the frequent loss of young adults from infectious diseases meant that they could become practiced and adept at coping with loss and grief. In our time we have more often shrunk to the nuclear family (husband, wife, and children) and even to the post-nuclear family (one-parent families, one-child or no-child families, and single people). Each death can diminish us more profoundly. "No man is an island" is no longer strictly true. In the age of alienation, many men are islands,³² and we each belong to a smaller archipelago.

The seriousness of using alcohol for any purpose is much greater than our society would like us to believe. Alcohol shapes our culture; most of our economy needs people to take this drug. Alcohol is legal, and advertising has totally exploited its legality to insure maximum sales of the drug. The drug kills millions of people, but since death is glamorized and simultaneously removed from our actual lives, many people think that using alcohol will not kill them; it will only make them feel good. If our society is in denial over the reality of death, why shouldn't we drink?

God's Image

We can control our destiny. Whether we control our destiny is another story. God made us in God's image that gives us the freedom to reject or accept God. This freedom

³² Michael A. Simpson, "Social and Psychological Aspects of Dying," in Dying: Facing the Facts, ed. Hannelore Wass (Washington, D.C.: Hemisphere Publishing, 1979), 109.

means that we can choose to destroy ourselves or help ourselves, or destroy the earth or help the earth. It is all in our hands. Ironically, we go to great lengths to protect people from death in many ways. For instance, we have complex building codes; we protect lives by earthquake proofing, electrical wiring standards, fire alarm and sprinkler systems, non-asbestos building materials, heating and ventilation codes, automatic gas shutoff valves, breaker systems, etc. Yet, we glorify the use of a drug that kills thousands of people every day. With our freedom we sometimes make bad choices; but we are free to do what we will with what God has given us. Samuel E. Karff, writing from the Jewish perspective on God, illustrates that technology is changing the way in which we think about death.

The behaviorists in our time regard the concept of man's "freedom and dignity" as obsolete, claiming that the traditional triad-sin, repentance, and forgiveness-must now be preempted by a technological solution to man's pernicious moral hang-ups. Finally, we have been told that death, itself, is no longer acceptable to technological man. As we learn more about the aging process and gain genetic mastery over disease, we shall transcend our mortal limits and may engineer an alternative to death.³³

As we progress technologically we have made great strides in eliminating many forms of death. We have doubled our life span in this century. We have discovered that with

³³ Samuel E. Karff, "Man's Power and Limits in a Technological Age," Judaism 23 (Spring 1974): 162.

persistence we can do almost anything. But it is certain that we will all die. Nothing lives forever. Even the sun will burn out some day. The second law of thermodynamics proves this. It is within our power to decide how we are going to think about death. If we continue to think that we can defy death we will continue on a self destructive course.

Long before the invention of the combustion engine or the bulldozer, the aggadah portrays Adam in the Garden of Eden receiving this divine admonition: "Behold, all which I have created is for your benefit, but beware lest you despoil and destroy my world, for if you do there is no one who will repair it after you."³⁴

The same dynamic of freedom that causes us to do good things is the same dynamic that causes us to do evil things. We can treat the drug alcohol with a cavalier death defying attitude, or we can see that alcohol is as dangerous as drinking any other deadly chemical.

Why does man abuse his power and freedom? This question brings us to the aggadah's concept of *yezer*, that primary energy which endows man's freedom with dynamic power. At times the aggadah pictures an inner struggle, a divided self, a war between *yezer hara* (the evil inclination) and *yezer hatov* (man's good inclination). Man needs God's help in struggling with his *yezer*. Rabbi Tanham prays that the evil *yezer* - "the yeast in the dough will be subdued." But there can be no leavened bread without yeast! This image is also enlisted in man's noblest achievements.³⁵

³⁴ Karff, 163-64.

³⁵ Karff, 165.

We have to look to a higher power, to God, to help us control our potential for good and evil. If we trust in high tech solutions for our human problems we will only succeed in creating new and more challenging problems. We are all interconnected in this global village by virtue of the air we breath, the food we eat, and the way in which we view life. In this global village with limited resources, if we act as if we will never die, and treat the earth as if it will not die, we will run out of resources. God has given us the freedom to accept or reject our mortality. It is within this freedom that we are human. God gave us the gift of the knowledge of our mortality. To deny this fundamental gift from God is to deny that we are human. The choice to act responsibly or irresponsibly with our freedom is ours.

Summary

From conception alcohol can be introduced to us by drinking pregnant women. After birth we are bombarded with the alcohol consuming culture in which we live. Alcohol is associated with fun, yet it causes thousands of people to die every day. We see thousands of make-believe deaths every day in movies and television and hear about real deaths in the news. As unaccustomed as we are to the reality of death, we deny its very existence. We do not experience death the same way in which we used to. Our hospitals have become technological bastions where the main

goal is to keep people from dying. High priests and priestesses in white garb surrounded with high tech equipment tirelessly deny death for us. Normally we die in the sterile confines of these temples that sweeten the smell of death with modern technology. These new high tech priests keep us from the dreaded prospect of dying more than the religious priests ever could. If we are so unfortunate to suffer the dreaded curse of dying, they will comfort our loved ones with the news that the patient has expired. Rather than digging a hole to dispose of our dead loved one, our funeral director will rush in and make the dead person look as if he or she was in a peaceful and wonderful sleep. We will put our expired sleeping person into a sealed casket, which will last in the ground indefinitely. Our religious priests will call upon the ancient God of eternal life to insure the survivors that the person has not died at all, but has passed on to a new and better existence. We would like to eliminate death altogether, but instead we glorify and capitalize on make believe death. This will get us rich and assure us that death will never happen. In reality alcohol kills; it is not make believe. Therefore, programs for alcohol abuse prevention should be given top priority.

Thesis Restatement

This project has assessed the current problem of alcohol abuse in the sea services. It has offered

preventive steps that the military can take to diminish the problems caused by alcohol abuse.

Conclusion

There are short-term and long-term ways in which to prevent the abuse of alcohol. The three short-term methods to prevent alcohol abuse are:

1. Regulate the supply of alcoholic beverages. The evidence is most extensive and uniform regarding the effects of taxation. The price and availability of alcohol can be controlled in military package stores to reduce alcohol abuse.

2. Shape drinking practices directly. The sea services can get tougher on driving under the influence and other alcohol related offenses.

3. Reduce environmental risk. The military can prohibit alcohol companies from sponsoring sporting events; other official social events can be discouraged from being focused on alcohol consumption.

For the long-term, three specific systemic changes can be made:

1. Awareness and treatment of alcoholic family systems. Treating the individual will sometimes temporarily curb alcohol abuse, but when the alcoholic returns to the untreated family system, sobriety will only be a fleeting victory.

2. Leadership plays an integral part in shaping alcohol use and abuse in the military. When military leaders take seriously the fatal nature of the drug alcohol fewer lives will be lost.

3. Death, the result of alcohol abuse, is denied in our culture thus making the abuse of alcohol socially acceptable in many circumstances. The military should take alcohol abuse programs seriously because they save lives.

Since military personnel live in a closed society and have responsibilities that are vital to the security of the world, flirting with a legal drug such as alcohol is a serious endeavor. The military has made great strides with their testing program for illicit drugs and significantly decreased the use of these drugs. A concerted effort has also been made in the Navy to curb the abuse of tobacco. What makes alcohol a nagging problem is that it is legal and a robust part of our culture. To further implement alcohol abuse prevention awareness in the sea services would benefit millions of people.

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